

Allen County Preschool Immunization Shot Record



Immunizations are required by SECTION 3313.671 of the OHIO REVISED CODE for admission to school.

Please complete the following immunization chart or attach a current copy.

Child's Name _____ Birth date _____

HEP B	1.	2.	3.		
DTP	1.	2.	3.	4.	5.*
POLIO	1.	2.	3.	4.*	
MMR	1.				
HIB	1.				
ROTOVIRUS (Recommended)	1.	2.	3.		

If measles, mumps, rubella are not given as "MMR", give dates for each immunization:

Measles _____ Mumps _____ Rubella _____

*The 5th DTP and 4th Polio should be administered just prior to preschool or school entrance.

Immunization Exemption

_____ is exempt from immunization requirements due to:
(Child's name)

___ Medical

___ Temporary

___ Permanent

___ Religious purposes

Parent Signature _____ Date _____
(Only sign & date if your child is exempt from immunizations)