

*PERRYSBURG EXEMPTED VILLAGE
SCHOOL DISTRICT*

IMMUNIZATION RECORD

Student's Name _____ Date of Birth _____

Address _____ Phone _____

All students entering the Perrysburg School System must have a record of immunizations that are in compliance with the Ohio Department of Health. Before the student can attend school fill out this form or submit to the school a copy of the student's past immunizations.

IMMUNIZATIONS					
	DATE	DATE	DATE	DATE	DATE
DPT					
Td					
Polio Sabin (Tri)					
MMR					
HIB					
Chickenpox					
Other					
Hepatitis B	1.	2.	3.		

- I certify that the above information is true and accurate.
- My child is exempt. Attached is a written exemption signed by our family physician.
- I object to immunizations on the basis of religious beliefs. Children who are admitted under religious waivers may be excluded from school if an outbreak of measles should occur in or threaten the school. The period of exclusion will normally last no less than two (2) weeks and could continue for one (1) or more months. I realize that my child may be subject to a lengthy and disruptive exclusion from school if a case of measles is detected.

Signature of Parent or Guardian

Date