

Belmont County Health Department
Immunization Department



Dear Parents/Guardians,

The Immunization Nurses at the Belmont County Health Department will be visiting your child's school in the upcoming weeks. Please take the time to review the attached list of recommended and required vaccinations for school attendance in the State of Ohio, and fill out the attached consent form. After our visit to the school, we will send your child's updated vaccine record to you. Please make sure all current insurance information and ID #'s are correct including Social Security number.

Any questions, please call 740-695-1202 ext 135 . Thank you!

Sincerely,

Christine Jenewein, RN

A handwritten signature in black ink that reads "Christine Jenewein, RN". The signature is written in a cursive style.

Emma Aston BSN, RN

A handwritten signature in black ink that reads "Emma Aston, RN, BSN". The signature is written in a cursive style.

Belmont County Health Department
Tdap, Meningococcal, HPV, Hepatitis A Vaccine Consent Form
Questions? Call Health Dept Nurse at 740-695-1202 ext 119

| | | | | | | |
|------------------------------|--|---------|--|----------------|------|--------|
| Student's name: (Last) | | (First) | (M.I.) | Date of Birth: | Age: | Grade: |
| School District: | | | Gender: M/F | | | |
| | | | | | | |
| Parent/guardian name: (Last) | | (First) | Parent/guardian phone #: (Please provide 2 contact numbers): | | | |
| Address: | | | | | | |
| City: | | State: | Zip: | | | |

I have read or had explained to me the Meningitis and HPV, Tdap, Meningococcal B Vaccine Information Statements and understand the risks and benefits. I grant permission for this record to be released to public health authorities for entry into the statewide immunization registry called IMPACT SIIS.

I CONSENT to the Belmont County Health Department to bill my insurance and the staff to administer the following vaccines to my child. **PLEASE CHECKMARK WHICH VACCINES THAT YOU CONSENT TO:**

REQUIRED 7TH GRADE: Tdap & 1st dose Men ACWY

REQUIRED 12TH GRADE: Men ACWY 2nd Dose (Can receive at 16 years old)

****RECOMMENDED BUT NOT REQUIRED:***

Hepatitis A: 2 doses (if not administered at infancy)

HPV: 2-3 doses at 9+ years of age

Meningococcal B: 2 doses at 16+ years of age

Signature of Parent/guardian _____ Date: _____

| | |
|---|-----------------------------|
| REQUIRED INSURANCE INFORMATION Your child will not receive immunization(s) without this information completed including SS # | |
| Is this child covered by insurance? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Name of Insurance Company/Medicaid: | |
| Subscriber's Name/DOB: | |
| ID #: | SS number of child : |

FOR OFFICE USE ONLY

| Vaccine | Route:IM ED:RD | Date given | Lot number | Manufacturer | Trade name | VIS date | Initials of administrator |
|---------------------------------|-------------------|---------------|------------|--------------|-------------------|-------------------|------------------------------|
| Tdap | | | | GSK | Boostrix | 08/06/2021 | |
| Meningococcal (ACWY) | | | | GSK | Menveo | 08/06/2021 | |
| HPV | | | | Merck | Gardasil 9 | 08/06/2021 | |
| Men B | | | | GSK | Bexsero | 08/06/2021 | |
| Hep A | | | | GSK | Havrix | 10/15/2021 | |

Belmont County Health Department School Immunization Schedules



Birth to 6 years:

| <u>Vaccine Name</u> | <u>Age</u> | <u>Number of doses</u> |
|---|----------------------------|---|
| Hepatitis B (Hep b) | Birth -- 18 months | 3 doses |
| Rotavirus | 2-6 months | 2 or 3 doses |
| Diphtheria, tetanus, acellular pertussis (DTaP) | 2-18 months | 2-18 months (4 doses), 4-6 yrs (1 dose) |
| Haemophilus Influenza type b (Hib) | 2-5 months | 3 or 4 doses |
| Pneumococcal conjugate (PCV13) | 2-15 months | 4 doses |
| Inactivated Poliovirus (IPV) | 2-18 months and 4-6 years | 2-18 months (3 doses), 4-6 years (1 dose) |
| Influenza | Annually | Annually |
| Measles, Mumps, Rubella (MMR) | 12-15 months and 4-6 years | 12-15 months (1 dose), 4-6 years (1 dose) |
| Varicella (VAR) | 12-15 months and 4-6 years | 12-15 months (1 dose), 4-6 years (1 dose) |

7th grade and up:

| <u>Vaccine Name</u> | <u>Age</u> | <u>Number of doses</u> |
|--|---|--|
| * Meningococcal ACWY - Required | 11-12 years and 16 years | 11-12 years (1 st dose), 16 years (2 nd dose) |
| *Hepatitis A (HepA) - <i>Recommended</i> | Now given at 1 year old. If vaccine was not administered at that time, the child may catch up at this time. | 1-2 years (1 st dose) or if vaccine was not administered during infancy, may catch up at this time. |
| *Tetanus, Diphtheria, and acellular pertussis (Tdap) - Required | 11-12 years | 1 dose |
| *Human Papilloma Virus (HPV) – <i>recommended</i> | 11-18 years | 2-3 doses based on age at initiation of vaccine schedule. |
| *Meningococcal B (MenB) - <i>recommended</i> | 16-18 years | 2 doses at least 1 month apart. |

Contact:

Christine Jenewein, RN - Immunizations

740-695-1202 Ext. 119

cjenewein@belmontcountyhealth.com

Emma Aston RN, BSN- Immunizations

740-695-1202 Ext. 135

easton@belmontcountyhealth.com