



Athens-Meigs Educational Service Center

21 Birge Drive
Chauncey, OH 45719
740-797-0064
www.athensmeigs.com

Dear Parent,

According to Ohio Department of Education Preschool Licensing Rules, all Preschool Children are required to have a Physical Examination. Ohio Department of Education has developed a Child Health Assessment form which must be completed, dated, and signed by a physician. **All areas of the assessment must be completed before the child can be admitted to a preschool program including:**

- *Updated Immunizations (required)
- *Hemoglobin or Hematocrit (required)
- *Vision and Hearing Screening (required from physician or at preschool screening)
- *Lead Screening (required)

Again, these are required by the performance standards.

Following the physical, all lab reports must be on file with the Preschool Program. This year we are requesting results of your child's lead and hemoglobin test. Since these are not available on the day of the physical, please make sure that you or your physician sends them to us when they are completed. (See attached form.) Please send to the Early Childhood Education Office located at the Athens-Meigs Educational Service Center 21 Birge Dr., PO Box 40; Chauncey, Oh 45719. If you have any questions or if we can assist you in any way, please contact the Early Childhood Education office at (740) 797-0064.

Sincerely,

A handwritten signature in cursive script that reads "Jaclyn Casey".

Jaclyn Casey
Early Childhood Education Coordinator

Immunizations for Child Care, Head Start and Pre-School Attendance:

Please follow the following link to the ACIP Easy-to-read Immunization Schedule for Infants and Children^{1, 2}

<http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>

Ohio Revised Code 5104.014, Division B:

Each child's³ caretaker parent shall provide to the center, home, or in-home aide a medical statement, as described in division (D) of this section, indicating that the child has been immunized against or is in the process⁴ of being immunized against all of the following diseases:

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. Chicken pox; 2. Diphtheria; 3. Haemophilus influenzae type b; 4. Hepatitis A; 5. Hepatitis B; | <ol style="list-style-type: none"> 6. Influenza; 7. Measles; 8. Mumps; 9. Pertussis; 10. Pneumococcal disease; | <ol style="list-style-type: none"> 11. Poliomyelitis; 12. Rotavirus; 13. Rubella; 14. Tetanus. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

Ohio Revised Code 5104.014, Division C:

A child is not required to be immunized against a disease specified in Division (B) of this section if any of the following is the case:

1. Immunization against the disease is medically contraindicated for the child;
2. The child's parent or guardian has declined to have the child immunized against the disease for reasons of conscience, including religious convictions;
3. Immunization against the disease is not medically appropriate for the child's age.

In the case of influenza, a child is not required to be immunized against the disease if the seasonal vaccine is not available.

Ohio Revised Code 5104.014, Division D:

The medical statement shall include all of the following information:

1. The dates that a child received immunizations against each of the diseases specified in division (B) of this section;
2. Whether a child is subject to any of the exceptions specified in division (C) of this section.
3. The medical statement shall include a component where a parent or guardian may indicate that the parent or guardian has declined to have the child immunized.

Follow the link below to the Ohio Department of Jobs and Family Services' Child Medical Statement:

<http://www.odjfs.state.oh.us/forms/findform.asp?formnum=01305>

¹ Vaccine doses are only considered valid if administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices.

² Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.

³ "Child" includes both of the following: 1) An infant, toddler, or preschool age child; and 2) A school-age child who is not enrolled in a public or nonpublic school but is enrolled in a child day-care center, type A family day-care home, or licensed type B family day-care home or receives child care from a certified in-home aide.

⁴ "In the process of being immunized" means having received at least the first dose of an immunization sequence and complying with the immunization intervals or catch-up schedule prescribed by the director of health (in accordance with the ACIP catch-up schedule).

2016 Recommended Immunizations for Children from Birth Through 6 Years Old



Age	Vaccine
Birth	HepB
1 month	HepB
2 months	HepB
4 months	DTaP, Hib, PCV, IPV, RV
6 months	DTaP, Hib, PCV, IPV, RV
12 months	HepB
15 months	DTaP, Hib, PCV, IPV, RV
18 months	HepB
19-23 months	DTaP, Hib, PCV, IPV, RV
2-3 years	DTaP, Hib, PCV, IPV, RV
4-6 years	DTaP, Hib, PCV, IPV, RV

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

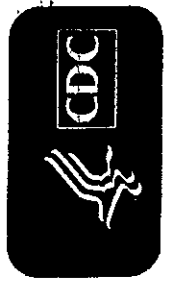
FOOTNOTES:

- Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk should be vaccinated against HepA.

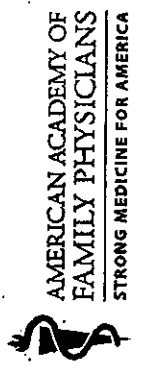
If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
 or visit
<http://www.cdc.gov/vaccines>



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention



American Academy of Pediatrics
 DEDICATED TO THE HEALTH OF ALL CHILDREN™



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School Districts:

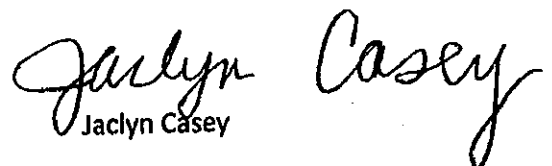
Alexander Local
Athens City
Federal-Hocking Local
Meigs Local
Trimble Local
Southern Local Perry County

Dear Physician,

The Athens-Meigs Educational Service Center coordinates early childhood programs in Athens County, Meigs County and one district in Perry County. Each year, we provide screening and registration days in the school districts. In order to qualify for enrollment, children must have a medical examination. Ohio Dept. of Education has mandated lead and hemoglobin screenings as part of the medical exam. Many of our physicians routinely perform these two screenings, but others do not. We recognize that not all parts of the county are at risk for lead poisoning but two area zip codes, 45701 (Athens) and 45732 (Glouster) are high risk areas and given frequent relocation within the county, we are concerned that many children may be exposed to high lead areas. Another concern has been that these tests are expensive and insurance has often not covered them. However, preventive services for Ohio Health Insurance Plans are required as of Sept. 22, 2010 to provide hemoglobin and lead testing for children without copays or deductibles. We are hoping that your practice will be able to offer these screenings and provide results when completing the attached Medical Statement so that we can track these health issues and facilitate follow-up when needed.

If you have suggestions or concerns, we would welcome your input as we attempt to meet regulations that focus on improving the health of our preschool children.

Sincerely,


Jaclyn Casey

Early Childhood Coordinator

Athens-Meigs Educational Service Center

21 Birge Dr.

PO Box 40

Chauncey, Oh 45719

PH: (740) 797-0064 FAX: (740) 797-0070

I _____ consent to release of information for my child
(Parent/Legal Guardian) _____, whose date of birth is _____,

between our primary physician _____, and The Athens-
Meigs Educational Service Center including immunization records, developmental and
medical information.

Signature: _____ Date: _____

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The results of the following tests for _____, _____ are:
(Child) (DOB)

Lead # _____ date completed _____

Hemoglobin # _____ date completed _____

Please fax or mail these results to:

Early Childhood Education
Athens-Meigs Educational Service Center
PO Box 40
Chauncey, Oh 45719

FAX# 740-797-0070

Please call the Preschool office at Athens-Meigs ESC @ 740-797-0064 if you have questions.

Thanks very much for assisting us in our effort to track health data for our preschool children!

Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (print or type)		Date of Birth
<input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).		
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner		Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Telephone Number
Street Address		
City, State and Zip Code		

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Exceptions to immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.

Signature of Parent	Date of Signature
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Optional Recommended Assessments/Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Measurements		Notes	
Height			
Weight			