

**2022-2023**  
**OHIO DEPARTMENT OF HEALTH REQUIREMENTS**  
**FOR HEARING AND VISION SCREENING**

**PLEASE FORWARD THE RESULTS OF YOUR CHILD'S HEARING AND VISION SCREENINGS TO BUCKEYE ON-LINE SCHOOL FOR SUCCESS. HEARING AND VISION FORMS ARE LOCATED ON THE BOSS WEBSITE ([www.go2boss.com](http://www.go2boss.com)) ALONG WITH A LIST OF HEALTH DEPARTMENTS WHICH MAY PROVIDE HEARING AND/OR VISION SCREENINGS. HEARING AND VISION SCREENINGS ARE PERFORMED AT THE EAST LIVERPOOL OFFICE BY APPOINTMENT (PLEASE CALL 330.385.1987).**

**Please have your child screened for HEARING:**

School-aged children shall be screened at six grade levels: Kindergarten, first grade, third grade, fifth grade, ninth grade and eleventh grade.

In addition, the following school children shall be screened annually or upon occurrence:

- Students new to a school (and not tested within the past 12 months).
- Students referred by a teacher or other school personnel.
- Students who were referred within the past year with no documented follow-up, regardless of grade.
- Students absent during the previous hearing screening.
- Students at risk for noise exposure (e.g., band, vocational education, industrial education, automotive mechanics).
- Students who request a hearing screening.
- Students whose parent/caregiver requests a hearing screening.

**Please have your child screened for VISION:**

School-aged children shall be screened at seven grade levels: Kindergarten, first grade, third grade, fifth grade, seventh grade, ninth grade and eleventh grade.

In addition, the following school children shall be screened annually or upon occurrence:

- Children new to the school with no previously documented vision screening.
- Children referred by a teacher or other school personnel.
- Children absent during the previous vision screening.
- Children whose parent/guardian requests a vision screening.

***Students in special education classes shall be screened at the ages that correspond to the grade levels required for all students.***

***By November 1, a student enrolled for the first time in either kindergarten or first grade must be given a vision and hearing screening in accordance with the requirements set forth by ODH in R.C. section 3313.673 (Appendix A).***



## Hearing Specialty Clinic Locations

<u>County/City</u>	<u>Location</u>	<u>Contact</u>
Adams/West Union	Adams County Health Department	(937) 544-5547
Ashland/Ashland	Ashland City/County Health Dept	(419) 282-4357
Ashtabula/Jefferson	Ashtabula County Health Dept	(440) 576-6010
Athens/Athens	Athens City Health Dept	(740) 592-4431
Belmont/Martins Ferry	Belmont County Health Dept	(740) 695-1202
Clermont/Batavia	Clermont General Health District	(513) 732-7499
Columbiana/Lisbon	Columbiana County Health Dept	(330) 424-0272
Coshocton/Coshocton	Coshocton County Health Dept	(740) 622-1426
Defiance/Defiance	Defiance County Health Dept	(419) 784-3818
Fairfield/Lancaster	Lancaster County Health Dept	(740) 687-6678
Gallia/Gallipolis	Gallia County Health Dept	(740) 446-4612
Greene/Xenia	Greene General Health District	(937) 374-5600
Guernsey/Cambridge	Guernsey County Health Dept	(740) 439-3577
Henry/Napoleon	Henry County Health Dept	(419) 599-5545
Highland/Hillsboro	Highland County Health Dept	(937) 393-1941
Hocking/Logan	Hocking County Health Dept	(740) 385-3030
Huron/Norwalk	Huron County Health Dept	(419) 668- 1652
Jackson/ Jackson	Jackson County Health Dept	(740) 286- 5094
Knox/Mount Vernon	Knox County Health Dept	(740) 392-2200
Lawrence/Ironton	Lawrence County Health Dept	(740) 532-3962
Lorain/Amherst	Children's Developmental Center	(440) 984-2416
Madison/London	Madison County Health Dept	(740) 852-3065
Meigs/Pomeroy	Meigs County Health Dept	(740) 992-6626
Miami/Troy	Miami County General Health	(937) 335-5675
Monroe/Woodsfield	Monroe County Health Dept	(740) 472-1677
Morrow/ Mt.Gilead	Morrow County Health Dept	(419) 947-1545
Muskingum/Zanesville	Zanesville County Health Dept	(740) 454-9741
Perry/New Lexington	Perry County Health Dept	(740) 342-5179
Pickaway/Circleview	Pickaway County Health Dept	(740) 477-9667
Pike/Waverly	Pike County Health Dept	(740) 947-7721
Portage/Ravenna	Child Health Services of Portage	(330) 297-5437
Richland/Mansfield	Richland County Health Dept	(419) 774-4578
Seneca/Tiffin	Seneca County Health Dept	(419) 447-3691
Shelby/Sidney	Sidney/Shelby County Health Dept	(937) 498-7249
Tuscarawas/Dover	Tuscarawas County Health Dept	(330) 343-5555
Vinton/ McArthur	Vinton County Health Dept	(740) 596-5233
Warren/Lebanon	Warren County Health Dept	(513) 695-1468
Washington/Marietta	Marietta City Health Dept	(740) 373-0611
Wayne/Wooster	Wooster/Wayne County Health Dept	(330) 264-9590
Wood/Bowling Green	Wood County Children's Services	(419) 352-7588
Wyandot/Upper Sandusky	Wyandot County Health Dept	(419) 294-3852

## Vision Specialty Clinic Locations

<b>County/City</b>	<b>Location</b>	<b>Contact</b>
Athens/Athens	Athens City Health Dept	(740) 592-4431
Clermont/Batavia	Clermont General Health District	(513) 732-7499
Columbiana/Lisbon	Columbiana County Health Dept	(330) 424-0272
Coshocton/Coshocton	Coshocton County Health Dept	(740) 622-1426
Fairfield/Lancaster	Lancaster County Health Dept	(740) 687-6678
Gallia/Gallipolis	Gallia County Health Dept	(740) 446-4612
Greene/Xenia	Greene General Health District	(937) 374-5600
Guernsey/Cambridge	Guernsey County Health Dept	(740) 439-3577
Henry/Napoleon	Henry County Health Dept	(419) 599-5545
Highland/Hillsboro	Highland County Health Dept	(937) 393-1941
Hocking/Logan	Hocking County Health Dept	(740) 385-3030
Huron/Norwalk	Huron County Health Dept	(419) 668- 1652
Jackson/ Jackson	Jackson County Health Dept	(740) 286- 5094
Lawrence/Ironton	Ironton City Health Dept	(740) 532-2172
Madison/London	Madison County Health Dept	(740) 852-3065
Meigs/Pomeroy	Meigs County Health Dept	(740) 992-6626
Miami/Troy	Miami County General Health District	(937)335-5675
Monroe/Woodsfield	Monroe County Health Dept	(740) 472-1677
Perry/New Lexington	Perry County Health Dept	(740) 342-5179
Pickaway/Circlevew	Pickaway County Health Dept	(740) 477-9667
Portage/Ravenna	Child Health Services of Portage County	(330) 297-5437
Seneca/Tiffin	Seneca County Health Dept	(419) 447-3691
Vinton/McArthur	Vinton County Health Dept	(740) 596-5233
Washington/Marietta	Washington County Health Dept	(740) 374-2782
Wayne/Wooster	Wooster/Wayne County Health Dept	(330) 264-9590
Wood/Bowling Green	Wood Co Children's Services	(419) 352- 7588



# Buckeye Online School for Success

119 East Fifth Street East Liverpool, OH 43920 866-642-9237 / 330-385-1987 www.go2boss.com

## HEARING SCREENING WAIVER

Date: \_\_\_\_\_

To: Parent(s)/Guardian(s) of \_\_\_\_\_

School Year: 20\_\_\_\_-20\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, request that he/she be exempt from the state mandated annual school hearing screening for the current school year. I understand that **this waiver to exclude my child needs to be renewed each school year** or my child's hearing may be screened as mandated by the Ohio Department of Health guidelines for school hearing screenings. I understand by choosing to exempt my child from the district hearing screening, I cannot hold the district liable in any way for any undetected changes in hearing/hearing health or for any related services/accommodations that he/she may not receive due to any unidentified changes in hearing/hearing health.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian



## Vision Screening Record

1st Screen Date	2nd Screen Date	School or Program												
Grade	Teacher													
Student's Name	Observation	With Glasses	Without Glasses	Distance Visual Acuity*				Color Vision		Stereopsis		Near Visual Acuity		Referral
				1st		2nd		1st	2nd	1st	2nd	1st	2nd	
				R	L	R	L							

\*= LEA Symbols at 5 feet indicate Pass (P) or Non Pass (NP)



## VISION SCREENING WAIVER

Date: \_\_\_\_\_

To: Parent(s)/Guardian(s) of \_\_\_\_\_

School Year: 20\_\_\_\_-20\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, request that he/she be exempt from the state mandated annual school vision screening for the current school year. I understand that **this waiver to exclude my child needs to be renewed each school year** or my child's vision may be screened as mandated by the Ohio Department of Health guidelines for school vision screenings. I understand by choosing to exempt my child from the district vision screening, I cannot hold the district liable in any way for any undetected changes in vision/vision health or for any related services/accommodations that he/she may not receive due to any unidentified changes in vision/vision health.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian



VACCINES	FALL 2022 Immunizations for School Attendance
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p><b>K-12</b> Four or more doses of DTaP or DT, or any combination. If all four doses were given <i>before the fourth birthday</i>, a fifth dose is <i>required</i>. If the fourth dose was administered at least six months after the third dose, and on or after the fourth birthday, a fifth dose is not required.*</p> <p><b>Grades 1-12</b> Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children ages 7 years and older with the first dose being Tdap. Minimum spacing of four weeks between doses 1 and 2, and six months between doses 2 and 3.</p> <p><b>Grade 7</b> One dose of Tdap vaccine must be administered on or after the 10<sup>th</sup> birthday. ** <b>All students in grades 8-12 must have one documented Tdap dose.</b></p>
POLIO	<p><b>K-12</b> Three or more doses of IPV. <i>The FINAL dose must be administered on or after the fourth birthday</i>, regardless of the number of previous doses <b>and there must be six months spacing between doses 2 and 3</b>. If a combination of OPV and IPV was received, four doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p><b>K-12</b> Two doses of MMR. The first dose must be administered on or after the first birthday. The second dose must be administered at least 28 days after the first dose.</p>
HEP B Hepatitis B	<p><b>K-12</b> Three doses of hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least eight weeks after the second dose. The last dose in the series (third or fourth dose) must not be administered before age 24 weeks.</p>
VARICELLA (Chickenpox)	<p><b>K-12</b> Two doses of varicella vaccine must be administered prior to entry. The first dose must be administered on or after the first birthday. The second dose should be administered at least three months after the first dose; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p>
MCV4 Meningococcal	<p><b>Grade 7</b> One dose of meningococcal (serogroup A, C, W, and Y) vaccine <u>must be administered prior to seventh grade entry</u>. <b>All students grades 8-11 must have one documented dose of MCV4.</b></p> <p><b>Grade 12</b> Two doses of MCV4 at age 16 years, with a minimum interval of eight weeks between doses. If the first dose was given on or after the 16th birthday, only one dose is required. ****</p>

**NOTES:**

- Vaccine should be administered according to the most recent version of the *Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger* or the *Catch-up immunization schedule for persons aged 4 months-18 years who start late or who are more than 1 month behind*, as published by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices. Schedules are available for print or download through [www.cdc.gov/vaccines/schedules/index.html](http://www.cdc.gov/vaccines/schedules/index.html).
- Vaccine doses administered less than or equal to four days before the minimum interval or age are valid (grace period). Doses administered greater than or equal to five days earlier than the minimum interval or age are not valid doses and should be repeated when 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.
- For additional information, please refer to the [Ohio Revised Code 3313.67](#) and [3313.671](#) for school attendance and the [ODH Director's Journal Entry](#) on required vaccines for child care and school. These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at 800-282-0546 or 614-466-4643 with questions or concerns.

\* Recommended DTaP or DT minimum intervals for kindergarten students are four weeks between the first and second doses, and the second and third doses; and six months between the third and fourth doses and the fourth and fifth doses. If a fifth dose is administered prior to the fourth birthday, a sixth dose is recommended but not required.

\*\* Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine. Children age 7 years or older with an incomplete history of DTaP should be given Tdap as the first dose in the catch-up series. If the series began at age 7-9 years, the fourth dose must be a Tdap given at age 11-12 years. If the third dose of Tdap is given at age 10 years, no additional dose is needed at age 11-12 years.

\*\*\* The final polio dose in the IPV series must be administered at age 4 years or older with at least six months between the final and previous dose.

\*\*\*\* Recommended MCV4 minimum interval of at least eight weeks between the first and second doses. If the first dose of MCV4 was administered on or after the 16<sup>th</sup> birthday, a second dose is not required. If a pupil is in 12<sup>th</sup> grade and is 15 years old or younger, only one dose is required. Currently, there are no school entry requirements for meningococcal B vaccine.





## MEDICAL, RELIGIOUS OR PHILOSOPHICAL EXEMPTION

Ohio Revised Code, Sections 3313.67 and 3313.671

Sec. 3313.671, part (3): A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Sec. 3313.671, part (4): A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease.

This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against poliomyelitis, rubeola, rubella, diphtheria, pertussis and tetanus of the pupils under its jurisdiction.

I, the parent or guardian of the below named child, hereby object to the immunization(s) listed for the following reasons: (please list each immunization to be exempted and the reason)

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, that the student named here is subject to exclusion from school for the duration of the outbreak.

This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Student's name \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's address \_\_\_\_\_