

# **Our Lady of the Visitation**

## **7th Grade Immunization Letter**

Dear Parent/Guardian,

Ohio's immunization law requires that all students entering 7th grade must have received the following immunizations:

- A booster dose of the **Tdap** (adult vaccine for Tetanus, Diphtheria, Pertussis).
- One (1) dose of **MCV4 meningococcal** (serogroup A,C,W and Y) vaccine (for Meningitis)

Your incoming 7<sup>th</sup> grade student will need to show documentation of having received these immunizations when they return to school in the fall.

- If your child has **already** received them, please contact your doctor or PCP and ask for record of these.
- If your child has **not already** received the vaccine, please contact your child's doctor/clinic to schedule an appointment.

Most doctors' offices will fax the immunization records upon request.

**Written documentation of your child's immunizations must be on file in your child's school by the 14<sup>th</sup> day of school or your child will not be able to attend school.** If you have any questions or need assistance please contact the nurse.

Thank you for your prompt attention to this matter.

Stephanie Knapke, BSN, RN

Phone 513-451-7207

Email [sknapke@olvisitation.org](mailto:sknapke@olvisitation.org)

Fax number: 513-347-2225 Attention: Stephanie

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STUDENT \_\_\_\_\_ HOMEROOM \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Received his/her Tdap vaccine on:** \_\_\_\_\_  
(Date)

Type of Tdap Vaccine (please circle if known):                      Adacel                      Boostrix

**Received his/her Meningococcal vaccine on:** \_\_\_\_\_  
(Date)

Type of Meningococcal Vaccine (please circle if known):    Menactra                      Menveo

DOCTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_