

## 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 by the time he/she returns to school in the upcoming weeks. If your child has already received the vaccines **AND** you have already sent in documentation of them, please disregard. If you have **not** sent in documentation of the immunizations, 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.

**Written documentation of your child's immunizations(s) must be on file in your child's school by Wednesday, September 16 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.

School Nurse Stephanie Knapke, BSN Phone 513-451-7207 Email sknapke@olvisitation.org

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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/CLINIC \_\_\_\_\_

ADDRESS of clinic \_\_\_\_\_  
\_\_\_\_\_

PHONE of clinic \_\_\_\_\_

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