

Meningococcal Vaccine

To: Parents/ Guardians

From: School Health Clinic

Date: _____

RE: Meningococcal Vaccine

Dear Parents/ Guardians,

Beginning with the 2017-2018 school year, the Ohio Department of Health School Immunization Requirements have been revised to include two (2) doses of Meningococcal (MCV4) vaccine to be administered before a student enters 12th grade.

If the first dose of MCV4 was administered on or after the 16th birthday a second dose is not required. If a student is in the 12th grade and is 15 years of age or younger, only one (1) dose is required.

You are receiving this letter now to provide you with ample time to have your child immunized before the coming school year begins. Please contact your physician or health department to schedule an appointment.

Therefore, your current 11th grader will need to show proof of having received the Meningococcal (MCV4) vaccine(s) before they can return to school in the fall.

Please attach your child's Immunization print out from their doctor to this signed form and return as soon as possible:

ATTN: CLINIC

_____ received the Meningococcal (MCV4) vaccine(s)

(Student Full Name)

on _____ and _____

(Date)

(Date)

Parent Signature

Physician Signature or Stamp