

To: Parents of students entering the 7<sup>th</sup> grade in the Fall of 2017  
Date: May 2017  
Subject: **Tdap and Meningitis vaccine requirement for 7<sup>th</sup> grade entry**

The Ohio Department of Health (ODH), under Ohio Revised Code 3701.13 and 3313.671, requires all students entering 7th grade to provide written proof that they have received a dose of Tdap (tetanus, diphtheria and pertussis) and Meningococcal (meningitis) vaccines.

Your child may have already received these vaccines; however, the school may not have proof on file. **Please provide an updated copy of your child's immunization record that shows the dates that the vaccines were received, or have your physician complete the bottom of this letter.** If your child has not received the Tdap and Meningococcal vaccines, you may obtain them from your healthcare provider or other community providers such as the Lorain County General Health District. You can schedule an appointment with the Health District by calling (440) 284-3206.

Besides the Meningitis and Tdap vaccines, there are other immunizations that children 11 to 19 years of age should receive in order to be fully protected. Immunizations that can protect your child from Hepatitis A, Influenza, and the Human Papillomavirus (HPV), which can cause cervical cancer and genital warts, are recommended by the Centers for Disease Control (CDC) and are available to your child. For the complete list of recommended vaccines you can visit <https://www.cdc.gov/vaccines/parents/diseases/teen/index.html>. This is a good time to talk to your doctor about the vaccines that your child may need.

Susan Loper, RN  
Lorain County General Health District  
SLoper@loraincountyhealth.com  
www.LorainCountyHealth.com

**Student's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

<b>Please list the dates of administration for the following vaccines <u>required</u> for school attendance</b>	
Meningococcal _____	Tdap (tetanus/diphtheria/pertussis) _____

**Please list the dates of administration for any of the following vaccines your child has received or attach a current shot record**

- Hep A dose (1) \_\_\_\_\_ Hep A dose (2) \_\_\_\_\_
- HPV dose (1) \_\_\_\_\_ HPV dose (2) \_\_\_\_\_
- Influenza \_\_\_\_\_ Other \_\_\_\_\_
- Other \_\_\_\_\_ Other \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Providers Stamp \_\_\_\_\_

**Students without proof of the meningitis and Tdap vaccine may be subject to exclusion from school. Submit this form or a current copy of your child's immunization record by, the 14th day of school: September 11, 2017**