

Letter to 11<sup>th</sup> Grade Parents or Guardians

Immunization Booster

**TO: ALL 11<sup>TH</sup> GRADE PARENTS OR GUARDIANS**

**FROM: HOLY NAME HIGH SCHOOL**

**DATE: JUNE 1, 2018**

**SUBJECT: REQUIRED IMMUNIZATION BOOSTER FOR ALL INCOMING 12 GRADERS**

The Ohio Department of Health recently revised the School Immunization Requirements to include a Meningococcal Booster **before a student enters the 12<sup>th</sup> grade.**

You will be required to document that this booster has been given to your child before they can return to school in the fall.

You are receiving this letter now to provide you with ample time to have your child immunized before the 2018-2019 school year begins. Please contact your family physician or local health department to schedule an appointment if your student needs this vaccination. Proof of Immunization can be submitted any time from receipt of this letter, but must be submitted no later than 8/21/2018, the first day of school.

Thank you for your prompt attention to this matter.

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Meningococcal Vaccine (MCV4)

\_\_\_\_\_  
(month/day/year)

Student Name \_\_\_\_\_

Parent Signature \_\_\_\_\_