

Starting for the
2016-17 school
year.

Attention Parents:

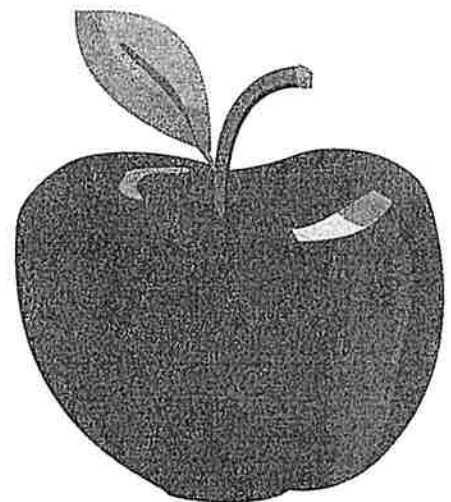
All students entering 7th and 12th grade must have the meningococcal vaccine.

About the Vaccine

- The vaccine protects against meningococcal disease, a serious illness.
 - The disease can cause blindness, loss of limbs, and even death.
 - Teens and young adults are at greater risk of getting the disease.
 - The disease can come on quickly and without warning, with symptoms similar to the flu.
- The vaccine is not new. It has been routinely recommended for over a decade. It is now required for school entry.
- Your child can get the vaccine at the same time as other adolescent vaccines (i.e. Tdap).
- The vaccine is safe and effective.
- If you don't have insurance, the vaccine is available through the Vaccines for Children Program (VFC). Check with your healthcare provider or local health department to see if your child is eligible.

*Even kids who have received one dose may need a booster.
Check with your healthcare provider.*

*For more information, contact the Ohio
Department of Health at 1-800-282-0546 or
visit us online at odh.ohio.gov*



Letter to 11th Grade Parents or Guardians

Immunization Booster

TO: ALL 11TH GRADE PARENTS OR GUARDIANS
FROM: HOLY NAME HIGH SCHOOL
DATE: APRIL 2019
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 12th 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 2019-2020 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 8/22/2019, the first day of school.

Thank you for your prompt attention to this matter.

Meningococcal Vaccine (MCV4)

(month/day/year)

Student Name _____

Parent Signature _____

**MUST HAVE DOCUMENTATION FROM YOU PHYSICIAN WITH THE STUDENT'S
NAME AND DATE OF IMMUNIZATION ATTACHED TO THIS FORM.**