

**Letter to 6th Grade (Upcoming 7th Grade) Parents/Guardians  
Tdap Booster & 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 **one dose of Meningococcal (MCV4) vaccine** to be administered before a student enters the seventh grade. Therefore, your current sixth grader will need to show proof of having received the Meningococcal (MCV4) vaccine before they can return to school in the fall.

Your child also requires a **dose of Tdap** to be administered before a student enters the seventh grade. This dose is intended to be administered as a booster dose for students who have completed the required doses of the initial series of DTaP/DT/Td. Therefore, your current sixth grader will need to show proof of having received this booster dose before they can return to school in the fall.

If your child received one dose of Tdap as part of the original series, another dose of Tdap will not be required. The Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine.

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.

Refer to the school clinic website for the 2017-2018 Immunization chart if you have any other questions regarding vaccines.

\*If you choose to have your child exempted from the following vaccines, due to personal, religious, spiritual, and/or medical beliefs, please complete and sign the vaccine exemption/waiver form attached. A medical reason for vaccine exemption requires a doctor's signature. Please state on the blanks on the form which vaccine(s) are being exempted and for what reason. A parent/guardian signature is required on the bottom, and a doctor's signature, if applicable.

Please provide the date that your child received the vaccines and/or vaccine exemption/waiver form and return to school nurse by the first day of school.

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\_\_\_\_\_  
(Student's First and Last Name)

received the **Meningococcal (MCV4)** vaccine on \_\_\_\_\_  
(Month/Day/Year)

and received the **Tdap vaccine** on \_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
**Parent/Guardian Signature**