



# FAIRVIEW PARK CITY SCHOOLS

## ADMINISTRATIVE OFFICES

21620 Mastick Road • Fairview Park, OH 44126 • P: (440) 331-5500 • F: (440) 356-3545  
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### Letter to current 11th Grade (Upcoming 12th Grade) Parents/Guardians Meningococcal Vaccine

Dear Parents/Guardians,

The Ohio Department of Health School Immunization Requirements were revised to include **two (2) doses of Meningococcal (MCV4) vaccine** to be administered before a student enters the 12th grade.

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

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 August.

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

Please refer to the 2019-2020 Immunization chart on the school clinic website, if you have any questions regarding required 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 also on the school clinic website. 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.

Sonum Patel (District School Nurse)

[spatel@fairview.k12.oh.us](mailto:spatel@fairview.k12.oh.us)

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

\_\_\_\_\_

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

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

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