

**Letter to 11th Grade Parents/Guardians
Meningococcal Vaccine**

TO: Parents/Guardians

FROM: School Health Clinic

DATE: _____

SUBJECT: Meningococcal Vaccine

Dear Parents/Guardians,

Beginning with the 2016-2017 school year, the Ohio Department of Health School Immunization Requirements have been 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 the fall.

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.

Please provide the date that your child received the vaccine(s).

_____ received the Meningococcal (MCV4) vaccine
(Name)

on _____ and _____
(Date) (Date)

Signature

**Follow Up Letter to 12th Grade Parents/Guardians
Meningococcal Vaccine**

TO: Parents/Guardians

FROM: School Health Clinic

DATE: _____

SUBJECT: Meningococcal Vaccine

Dear Parents/Guardians,

Beginning with the 2016-2017 school year, the Ohio Department of Health School Immunization Requirements have been 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.

You are receiving this letter as notification that we have not received your child's updated immunization information on this required immunization. Please contact your physician or health department to schedule an appointment if your child has not yet received this immunization.

Please provide the date that your child received the vaccine(s).

_____ received the Meningococcal (MCV4) vaccine(s)
(Name)

on _____ and _____
(Date) (Date)

Signature