

To: Parents of students entering the 12<sup>th</sup> grade in the fall of 2020

Date: June 11, 2020

Subject: **Meningitis vaccine requirement for 12<sup>th</sup> grade entry**

The Ohio Department of Health (ODH), under Ohio Revised Code 3701.13 and 3313.671, requires all students entering the 12th grade to provide written proof that they have received a dose of the Meningococcal (meningitis) vaccine after age 16.

Your child may have already had this vaccine; however, the school may not have proof on file. Please provide an updated copy of your child's immunization record that shows the dates that the meningitis vaccine was received, or have your physician complete the bottom of this letter. If your child has not received a dose of the meningitis vaccine after the age of 16, you may obtain it from your healthcare provider or other community providers such as Lorain County Public Health. You can schedule an appointment with Lorain County Public Health by calling (440) 284-3206.

Besides the Meningitis vaccine, there are other immunizations that children 11 to 19 years of age should receive in order to be fully protected. Immunizations that can protect your child from Hepatitis A, Influenza, Chicken pox, and the Human papillomavirus (HPV), which can cause cervical cancer and genital warts, are recommended by the Centers for Disease Control (CDC) and are available to your child. For the complete list of recommended vaccines you can visit <https://www.cdc.gov/vaccines/parents/diseases/teen/index.html>. I encourage you to talk to your doctor about the vaccines that your child needs.

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**Student's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Please list the dates of administration for the following vaccines required for school attendance**

Meningococcal dose (1) \_\_\_\_\_ Meningococcal dose (2) \_\_\_\_\_

If the first dose of Meningococcal vaccine was administered after the 16<sup>th</sup> birthday, a second dose is not required

**Please list the dates of administration for any of the following vaccines your child has received or attach a current shot record**

- Hep A dose (1) \_\_\_\_\_ Hep A dose (2) \_\_\_\_\_
- HPV dose (1) \_\_\_\_\_ HPV dose (2) \_\_\_\_\_ HPV dose (3) \_\_\_\_\_
- Varicella dose (1) \_\_\_\_\_ Varicella dose (2) \_\_\_\_\_
- Influenza \_\_\_\_\_ Other \_\_\_\_\_
- Other \_\_\_\_\_ Other \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Phone \_\_\_\_\_ Providers Stamp \_\_\_\_\_

**Students without proof of the meningitis vaccine may be subject to exclusion from school. Submit this form or a current copy of your child's immunization record by, the 14th day of school.**