

## Letter to incoming 12<sup>th</sup> Grade Parents/Guardians Meningococcal Vaccine

**TO: Parents/Guardians**

**FROM: School Health Clinic**

**DATE: Due by 1<sup>st</sup> Day of School!**

**SUBJECT: Meningococcal Vaccine**

Dear Parents/Guardians,

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

The second (2<sup>nd</sup>) dose of MCV4 must be administered on or after the 16<sup>th</sup> birthday with at least eight (8) weeks between the first (1<sup>st</sup>) and second (2<sup>nd</sup>) dose. If the first dose of MCV4 was administered on or after the 16<sup>th</sup> birthday a second dose is not required. If a pupil is in the 12<sup>th</sup> grade and is 15 years of age or younger, only one (1) dose is required.

**If you have not yet sent in your child's updated immunization information on these required immunizations, then please do so as soon as possible. Please contact your doctor or health department to schedule an appointment if your child has not yet received these immunizations.**

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

\_\_\_\_\_ received the Meningococcal (MCV4) vaccine (s)  
(Child's Name)

on \_\_\_\_\_ and \_\_\_\_\_  
(Date) (Date)

\_\_\_\_\_  
(Parent/Guardian Signature)