

**Letter to 6th Grade Parents/Guardians
Tdap Booster & Meningococcal Vaccine**

TO: Parents/Guardians

FROM: School Health Clinic

DATE: _____

SUBJECT: Tdap Booster & 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 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.

Please provide the date that your child received the vaccines.

(Name)

received the Meningococcal (MCV4) vaccine on _____
(Date)

received the Tdap vaccine on _____
(Date)

Physician Signature