



Lemont High School

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Dr. Matt Maxwell, Superintendent

Eric Michaelsen, Principal



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Meningococcal Vaccination Requirements

Any student entering the 12th grade in the State of Illinois is required to show proof of having received the proper dosage of the Meningococcal conjugate vaccine. A student must receive one dose of the vaccine on or after his/her 16th birthday; that dose may not be within eight weeks of a previous dose of the vaccine.

You are asked to do one of the following:

- **If your student is compliant with the requirements listed above**, ask that your student's health care provider either complete in full the information below or provide a copy of your student's immunization record from his/her health care provider showing the date(s) of the Meningococcal vaccine(s).
- **If your student has not met the requirements listed above**, schedule an appointment to receive the vaccine, and either ask your student's health care provider to complete in full the information below or provide an updated copy of the student's immunization record showing the date(s) of the Meningococcal vaccine(s).

Please return this documentation in person in the school's Main Office; via fax (Attn: School Nurse) at (630) 243-7904; or via email at physicals@lhs210.net (include "Meningitis Vaccination Documentation" in the subject line).

All incoming seniors must fulfill this requirement. Regardless of the student's grade in school, proof of having received the proper dosage of the vaccine should be submitted to the school as soon as the vaccine is given. **Please do not wait until your student is entering his/her senior year to provide this documentation.**

Proper documentation of the vaccine should be provided to the school prior to the first day of school to ensure the student is not excluded from class on October 15.

Thank you for your consideration.

Katie Dulle, RN, BSN, PEL-CSN

School Nurse

Lemont High School

Student's Name _____

Student's Date of Birth _____

Date(s) of Meningococcal Conjugate Vaccine _____

Signature/Stamp of Physician or Health Care Provider _____