



# Centerville City Schools

## SEVENTH GRADE VACCINATION REQUIREMENTS

The Ohio Department of Health has revised the School Immunization Requirements effective January 4, 2010. All students are to receive an additional dose of **Tdap** (Tetanus, Diphtheria and Pertussis) vaccine **BEFORE** entering the seventh grade. If your child has received a **Tdap** vaccine within 5 years of entering the seventh grade, this will meet this requirement.

**Additionally**, beginning with the start of the 2016-2017 school year, all students entering the 7<sup>th</sup> grade are also required to be vaccinated against meningococcal disease. One dose of **meningococcal vaccine** is required prior to entry into the 7<sup>th</sup> grade. This requirement is met if your student has had this vaccine after age 10 and before entering 7<sup>th</sup> grade.

**STUDENTS MAY BE EXCLUDED FROM SCHOOL IF VERIFICATION OF THE Tdap BOOSTER AND MENINGOCOCCAL VACCINE IS NOT RECEIVED PRIOR TO THE BEGINNING OF SCHOOL YEAR 2021-2022.**

There are various ways you may obtain this immunization:

- Your private physician, local pharmacies, or walk in clinics
- Public Health – Dayton & Montgomery County Department Immunization Clinic  
 Located at 117 S. Main St. (5<sup>th</sup> floor of Reibold Building)  
 Call for an appointment at 937-225-4550  
 Bring copy of immunization record

If your doctor says immunization might be harmful to your student, a waiver must be on file. If you object to immunization for good cause, for example religious convictions, a waiver must be on file. Waiver forms can be found under “medical forms” on the district website.

If you have questions regarding this requirement, please contact your school nurse, physician or Public Health – Dayton & Montgomery County Department.

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## SCHOOL IMMUNIZATION REQUIREMENTS

Please provide the date(s) of your student’s Tdap and meningococcal vaccine and return to your student’s school by **August 18, 2021**. It can also be emailed to [regan.koch@centerville.k12.oh.us](mailto:regan.koch@centerville.k12.oh.us)

STUDENT NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Tdap given: \_\_\_\_\_

Date Meningococcal Vaccine given: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian