

*From the desk of:
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STATE IMMUNIZATION REQUIREMENTS

Date of Birth: _____ **Student ID:** _____ **Advisor:** _____

STUDENT NAME: _____

Date of Meningococcal Vaccine(s): Dose 1: _____ Dose 2: _____
Required if dose #1 prior to age 16

Signature of Parent/Guardian

This letter is notification about the Vaccine Requirement for seniors. Prior to the start of your student's senior year proof of vaccination for meningococcal (MCV4) or waiver must be on file.

To meet the requirements for the meningococcal vaccine, two doses are required. The second dose must be given after your student's 16th birthday. However, if your student receives their first meningococcal vaccine after their 16th birthday, then only one dose is required.

Please do not wait to vaccinate or provide proof of this vaccine to the School Nurse. If your student has already received the vaccine, complete this form and return ASAP to School Nurse.

If you or your physician do not want your student to have this vaccine, a waiver form is available on Centerville City School website or from school nurse. When completing the waiver, you must specifically indicate MCV4/ Meningococcal then sign and date the form.

DON'T WAIT ----VACCINATE
Provide to School Nurse by email, fax, mail, or have your student bring to clinic.