



THORNTON TOWNSHIP HIGH SCHOOL DISTRICT 205  
465 EAST 170<sup>TH</sup> STREET • SOUTH HOLLAND, ILLINOIS 60473-3481  
708.225.4000 • FAX: 708.225.4004  
WWW.DISTRICT205.NET

*Nathaniel Cunningham Jr., Ph.D., Superintendent*

## **NEW MENINGITIS VACCINE REQUIREMENT**

The Illinois Department of Public Health has mandated that all students entering, transferring, or advancing into 12<sup>th</sup> grade are required to show proof of having received the **Meningococcal Conjugate Vaccine** on or after their 16<sup>th</sup> birthday. In reviewing your student's record, the required **Meningococcal Conjugate Vaccine** is not documented.

### **PROOF OF THE MENINGOCOCCAL CONJUGATE VACCINE IS REQUIRED IN ORDER TO REMAIN IN SCHOOL FOR THE 2019-2020 SCHOOL YEAR. YOU MUST BRING IN VERIFICATION OF THIS VACCINE, RECEIVED ON OR AFTER THE 16<sup>TH</sup> BIRTHDAY.**

Please contact your respective school's Nurses' Office with any questions regarding your student's immunization status.

STUDENT'S NAME \_\_\_\_\_

MENINGITIS VACCINE GIVEN \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF HEALTHCARE PROVIDER \_\_\_\_\_

### **\*\*ONLY STUDENTS WHO HAVE PROOF OF ALL REQUIRED SHOTS MAY REMAIN IN SCHOOL, PER BOARD POLICY\*\***

THORNRIDGE HIGH SCHOOL  
SCHOOL NURSES' OFFICE  
708-225-4478/4479  
Fax: 708-271-1786

THORNTON HIGH SCHOOL  
SCHOOL NURSES' OFFICE  
708-225-4178/4179  
Fax: 708-225-4060

THORNWOOD HIGH SCHOOL  
SCHOOL NURSES' OFFICE  
708-225-4778/4779/4090  
Fax: 708-225-4856

Ebonie Williams, Principal  
THORNRIDGE HIGH SCHOOL  
15000 Cottage Grove Ave.  
Dolton, Illinois 60419  
708.841.5180

Tony Ratliff, Principal  
THORNTON HIGH SCHOOL  
15001 Broadway Ave.  
Harvey, Illinois 60426  
708.596.1000

Don C. Holmes, Principal  
THORNWOOD HIGH SCHOOL  
17101 South Park Ave.  
South Holland, Illinois 60473  
708.339.7800



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## **NUEVO REQUISITO DE VACUNA DE MENINGITIS**

El Departamento de Salud Pública de Illinois ha ordenado que todos los estudiantes entrando, transfiriendo o avanzando al 12 grado deben mostrar prueba de haber recibido la vacuna **Meningocócica Conjugada** al cumplir o después de cumplir 16 años. Al revisar el registro de inmunización de su estudiante, no se documenta la vacuna **Meningocócica Conjugada** que es requerida.

**SE REQUIERE PRUEBA DE LA VACUNA MENINGOCOCCAL CONJUGADA PARA PERMANECER EN LA ESCUELA EL AÑO ESCOLAR 2019-2020. USTED DEBE ENTREGAR VERIFICACIÓN DE ESTA VACUNA, RECIBIDA AL CUMPLIR O DESPUÉS DE CUMPLIR LOS 16 AÑOS.**

Por favor, comuníquese con la oficina de las enfermeras de su respectiva escuela con cualquier pregunta sobre el estado de vacunación de su hijo/hija.

NOMBRE DEL ESTUDIANTE: \_\_\_\_\_

VACUNA DE MENINGITIS DADA: \_\_\_\_\_

FECHA: \_\_\_\_\_

FIRMA DEL MÉDICO: \_\_\_\_\_

**\*\*SÓLO LOS ESTUDIANTES QUE TIENEN PRUEBA DE TODAS LAS VACUNAS REQUERIDAS PUEDEN PERMANECER EN LA ESCUELA, SEGÚN LA POLÍTICA DE LA JUNTA ESCOLAR \*\***

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