



Pickerington Schools

# Immunization Requirements for Students Entering Grade 7

Per the Ohio Department of Health, all students entering grade 7 must show proof of vaccination against tetanus, diphtheria, and pertussis (**Tdap** vaccine) and meningococcal disease (**MCV4** vaccine). You may take this letter with you to your doctor to use as documentation of these vaccinations, or you may submit an immunization report with the dates of both vaccinations. Please return this documentation as soon as possible to your child's school nurse. If this is not provided during the grade 6 school year, you will need to send this information to the junior high that your child will attend **prior** to the beginning of the next school year. The middle school nurses will forward all immunization documentation received to the junior high nurses at the end of this year. **Your student will not be able to start school until documentation of the required vaccines or a signed exemption form are on file.**

Please contact your school's School Nurse or our Health Services Coordinator with any questions:

- **Diley Middle School:** School Nurse Rhonda Carmel at phone 614-830-2900, fax 614-408-2502, or email [rhonda\\_carmel@plsd.us](mailto:rhonda_carmel@plsd.us)
- **Harmon Middle School:** School Nurse Liz Moody-Ganoom at phone 614-835-2000, fax 614-408-2515, or email [elizabeth\\_moody-ganoom@plsd.us](mailto:elizabeth_moody-ganoom@plsd.us)
- **Toll Gate Middle School:** School Nurse Tami Tackett at phone 614-834-6400, fax 614-834-6420, or email [tami\\_tackett@plsd.us](mailto:tami_tackett@plsd.us)
- Health Services Coordinator Marcia Stewart at phone 614-835-2017 or [marcia\\_stewart@plsd.us](mailto:marcia_stewart@plsd.us)

## Physician Documentation of Vaccine

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Date of Tdap vaccination: \_\_\_\_\_ Date of MCV4 vaccination: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print or stamp physician's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_