

Attention parents or guardians:

Students who will be entering 12<sup>th</sup> grade are required to receive a Meningococcal vaccine. The state of Ohio now requires a first dose prior to entering 7<sup>th</sup> grade and a 2<sup>nd</sup> dose prior to the student's senior year. **If a dose was given prior to the student's 16<sup>th</sup> birthday, they are required to receive a 2<sup>nd</sup> dose.**

Meningitis is an inflammation of the protective layer around the brain and spinal cord. This disease can be fatal or leave those who survive it, with permanent disabilities. The meningococcal vaccine is the best way to avoid meningitis.

**This immunization must be received prior to the start of the school-year. As with other school immunizations requirements, Section 3313.671 of the Ohio revised Code states that students who do not provide documentation of this immunization are subject to exclusion from school.**

I strongly urge you to call your healthcare provider as soon as possible and get your child vaccinated. The physician's offices and shot clinics get very busy in the summer and at the beginning of a new school year. I recommend that you have your child vaccinated *before* the end of this school year in order to avoid the "summer rush" and the "back to school" avalanche and possibility of exclusion at the beginning of next school year!

Please return this form or a form from your physician office, verifying vaccination administration date. Documentation can be mailed to the address below or faxed 419-833-6014 to the school office.

Eastwood High School  
4900 Sugar Ridge Rd  
Pemberville, OH 43450

If you have questions or concerns regarding immunizations, please contact Dannelle Sutton RN, District Nurse, at [dsutton@eastwoodschoools.org](mailto:dsutton@eastwoodschoools.org). For additional information you may call the Ohio Department of Health (ODH) Immunization Program hotline at 800-282-0546, or visit the ODH website.

Thank you for your cooperation with these mandates.

Mr. Kieper

Nurse Sutton

**\*\*IMMUNIZATION REQUIREMENT FOR 12th GRADE\*\***

Student Name: \_\_\_\_\_

Dates of **meningococcal** vaccines: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_