

# New Immunization Requirements

## Attention all parents of 11<sup>th</sup> grade students!

### Immunization requirements for school attendance in Ohio have changed!!

All students entering 12<sup>th</sup> grade in the fall of 2016, are now required by Ohio school law to show proof of the following immunization **BEFORE** starting school:

- **Meningococcal (A, C, Y, W-135)** vaccine (to protect from Meningitis)
  - If your student received a Meningitis (A, C, Y, W-135) vaccine before the age of 16 years, a second dose is required for school attendance in 12<sup>th</sup> grade.
  - If your student will be receiving the first dose of Meningitis (A, C, Y, W-135) vaccine and is now 16 years of age or older, only one dose is required for school attendance in 12<sup>th</sup> grade.

**Any 12<sup>th</sup> grade student who has not had the required Meningitis (A, C, Y, W-135) vaccination will not be permitted to attend school until proof of this immunization has been received by the school.**

The Meningitis immunization can be obtained at any time from now until the first day of 12<sup>th</sup> grade. We encourage you to contact your Primary Care Physician or your local Health Department for an appointment.

Alliance City Health Department Phone: (330) 821-7373 (“Must be VFC eligible.”)  
Canton City Health Department Phone: (330) 489-3322  
Massillon City Health Department Phone: (330) 830-1713 (“Must be VFC eligible.”)  
Stark County Health Department Phone: (330)-493-9914

Don’t wait! Clinics tend to become very busy toward the end of summer, causing a delay in immunization which could result in exclusion from school.

As soon as this required immunization is obtained, please provide a copy of your child’s shot record, including the Meningitis vaccination date, to the school so your student’s record can be updated.

School Nurse

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**Documentation of vaccinations received MUST be returned to your child’s school.**

Child’s Name \_\_\_\_\_

Child’s School \_\_\_\_\_

Vaccination(s) received \_\_\_\_\_ Date \_\_\_\_\_

Signature of vaccine provider \_\_\_\_\_

Provider Printed Name \_\_\_\_\_