



Rushville Middle School  
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 Lancaster, OH 43130  
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 Tricia Haughn, Principal  
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7<sup>th</sup> Grade Immunization Requirements

The Ohio Department of Health School Immunization Requirements have been revised to include **one dose of Meningococcal (MCV4) vaccine** to be administered before a student enters the **7<sup>th</sup> grade**. Therefore, your current sixth grader will need to show proof of having received the Meningococcal (MCV4) vaccine before they can return to school in the fall.

Your child also requires **a dose of DTaP** to be administered before a student enters the seventh grade. This dose is intended to be administered as a booster dose for students who have completed the required doses of the initial series of DTaP/DT/Td. Therefore, your current sixth grader will need to show proof of having received this booster dose before they can return to school in the fall. The Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine.

I am letting you know about these requirements early because the summer and start of the school year is very busy at most physician offices and at the FCHD and you may find it difficult to get an appointment in a timely manner. According to Section 3701.13, on the 15<sup>th</sup> day after school entrance, it will be necessary to exclude from school all students who do not meet the requirements of receiving the Tdap booster and the Meningococcal booster.

If you get the shot or verification of the immunization when getting a sport physical, please be sure to send the immunization information to the school nurse (not the coach or athletic department).

Please provide the date that your child received the vaccines.

If you have any questions, please feel free to call or email [janeenthompson@fairfieldunion.org](mailto:janeenthompson@fairfieldunion.org).

Thank you,  
 Janeen Thompson, School Nurse

**Detach and return to the School Nurse**

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

received the Meningococcal (MCV4) vaccine on \_\_\_\_\_ and  
 (Date)

received the Tdap vaccine on \_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Physician Signature)

\_\_\_\_\_  
 (Date)