

**Avon Lake City Schools**  
**6<sup>th</sup> Grade Immunization Letter**

Dear Parents and Guardians,

The Ohio Department of Health has updated immunization requirements, which now include a dose of Tdap (tetanus, diphtheria, acellular pertussis) to be administered **before a student enters 7<sup>th</sup> grade**. This dose is intended to be administered as a booster dose for students who have completed the required doses of the initial DTap/ DT/Td. If one dose of Tdap was part of the initial series, another dose of Tdap will not be required. **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 of 2014.** We hope that by sharing this information with you now you will be able to complete this form during regular physical appointments with your child's doctor and return it to school. Please follow up with your child's physician to be sure proper vaccines are in place.

**Ohio Revised Code (Section 331.671) requires "exclusion" on the 15th day of school entrance of all pupils who do not meet the above requirements.**

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

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Please complete EITHER box A or B**

**A. Tdap -One dose REQUIRED (brand name Boostrix or Adacel).**

1. \_\_\_\_/\_\_\_\_/\_\_\_\_ (Please enter the month, date and year of the vaccine)

**B. WAIVER OF IMMUNIZATION: I decline to have my student immunized with Tdap vaccine for reasons of conscience, including religious convictions.**

Signature of parent/ guardian \_\_\_\_\_ Date \_\_\_\_\_

Please call your doctor for further questions regarding this vaccine. Forms can be returned when completed to Troy school **beginning immediately** or may be faxed to the numbers listed below.

Thank you for your understanding and attention to this matter.

Becky Busch RN/ Kandice Carson RN Troy Intermediate School 933-2701 ext. 7004 or fax # 930-7005