



# Tdap Vaccine Booster Immunization Form

State of Ohio immunization laws now mandate that all students entering 7<sup>th</sup> grade are **REQUIRED** to have the Tdap Vaccine Booster (adult vaccine for Tetanus, Diphtheria, and Pertussis) AND the MCV4 Vaccine (meningococcal vaccine) before the first day of school in August. Failure to provide documentation of the vaccine booster or a valid exemption explanation may result in student exclusion from school.

Please return this letter to your child's school as proof of immunization or a copy of an updated shot record with the date of administration to the Nurse at the Building Registration in August.

I verify that this student: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Name)</span> <span>(Student No.)</span> </div>
Has received the Tdap vaccine booster on: _____ <u>Has received the MCV4 vaccine booster on:</u> _____
Signed: _____ <div style="text-align: center;">(Parent Signature)</div>

## Religious, Medical or Philosophical Exemption

Senate Bill N. 282, Section 3313.671, part (3) states: A pupil who presents a written statement from his parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Section 3313.671, part (4) states: A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease.

Student Name: _____ Student No. _____
I, the parent or guardian of the above named child, hereby objects to the <u>Tdap and/or the MCV4</u> <div style="text-align: right; font-size: small;">(circle one or both)</div> immunization for the following reasons: _____ _____
I further understand that should an outbreak of any of the above vaccine preventable diseases occur, that my child will be excluded from school for the duration of the outbreak. This action is necessary to protect my child, the students and faculty of the school.
Parent Signature: _____ Date: _____
Daytime Phone: _____

Revised 04/25/16

*For questions regarding this form, please contact the Nurse at your child's school building.*