



## SEVENTH GRADE VACCINATION REQUIREMENTS

The Ohio Department of Health has revised the School Immunization Requirements effective January 4, 2010. All students are to receive an additional dose of **Tdap** (Tetanus, Diphtheria and Pertussis) vaccine **BEFORE** entering the seventh grade. If your child has received a **Tdap** vaccine within 5 years of entering the seventh grade, this will meet this requirement.

**Additionally**, beginning with the start of the 2016-2017 school year, all students entering the 7<sup>th</sup> grade are also required to be vaccinated against meningococcal disease. One dose of **meningococcal vaccine** is required prior to entry into the 7<sup>th</sup> grade. This requirement is met if your student has had this vaccine after age 10 and before entering 7<sup>th</sup> grade.

**STUDENTS WILL BE EXCLUDED FROM SCHOOL IF VERIFICATION OF THE Tdap BOOSTER AND MENINGOCOCCAL VACCINE IS NOT RECEIVED PRIOR TO THE BEGINNING OF SCHOOL YEAR 2021-2022.**

There are various ways you may obtain this immunization:

- Your private physician, local pharmacies, or walk in clinics
- Public Health – Dayton & Montgomery County Department Immunization Clinic  
Located at 117 S. Main St. (5<sup>th</sup> floor of Reibold Building)  
Call for an appointment at 937-225-4550  
Bring copy of immunization record

If your doctor says immunization might be harmful to your student, a waiver must be on file. If you object to immunization for good cause, for example religious convictions, a waiver must be on file. Contact Melissa Becker, RN to request a waiver form or it can be found under “medical forms” on the district website.

If you have questions regarding this requirement, please contact your school nurse, physician or Public Health – Dayton & Montgomery County Department.

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## SCHOOL IMMUNIZATION REQUIREMENTS

Please provide the date(s) of your student’s Tdap and meningococcal vaccine and return to your student’s school by **August 18, 2021**. It can also be emailed to [melissa.becker@centerville.k12.oh.us](mailto:melissa.becker@centerville.k12.oh.us)

STUDENT NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date Tdap given: \_\_\_\_\_

Date Meningococcal Vaccine given: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian