



Mount Vernon City School District Immunization Requirements

Dear Parent or Guardian of 11th Grade Student,

The State of Ohio law **requires all students entering the 12th grade** have at least one meningitis vaccine administered after their 16th birthday. For some students this will be their first meningitis vaccine and for many others it will be a booster vaccine. If your student has already received this vaccine, please send the form to the High School or upload the form in the parent portal so it can be recorded on your student's health file. If your student has not yet received this vaccine, we recommend that students get this immunization as soon as possible. If this Immunization form or the Immunization Exemption form is not returned by **September 10th, 2019** your child will **NOT** be allowed to attend school until the requirements are met.

Please make sure your child receives this vaccine. You can visit the following locations to get immunized:

- Your doctor/healthcare provider may provide them, call ahead for verification
- The Knox County Health Department Immunization Clinic, call (740) 399-8008 to make an appointment
- Local pharmacies often provide them with a healthcare provider prescription, please be sure to call ahead for verification

There are two exemptions to the state law:

- If your child has a medical condition that prevents him or her from receiving the vaccine, a statement from the student's health provider (**Immunization Exemption Form**) is required and must be provided to the school
- If you object for good cause including religious reasons, a form (**Immunization Exemption Form**) is available on our school website or in the school office and must be signed and provided to the school

Thank you for your prompt attention to this letter.

Sincerely,

Laine Shoemaker, RN, BSN
District School Nurse MVCSD
Ph (740)393-5900 ext. 5910
Fax (740)397-6018

Please return or fax this completed form to the High School

_____ received the Meningitis vaccine on _____.
(student's name) (date)

(provider signature)

(provider name and phone number)