

Please RETURN this signed form to the school office when completed.

# **SHOTS REQUIRED FOR 7TH GRADE**

*Ohio School Vaccination Policy Requirements include a Tdap Vaccine Booster Shot and a Meningitis Shot for all students entering 7th grade.*

Please plan now to make sure that your student is up-to-date.

## **REQUIRED VACCINATIONS:**

Tdap Booster - Protects against Tetanus, Diphtheria, and Pertussis (Whooping Cough)

Meningitis Vaccine - Protects against Meningitis

I verify that this student: \_\_\_\_\_  
( First and last name-PLEASE PRINT)

Has received the Tdap Vaccine on: \_\_\_\_\_  
(date- month/day/year)

Has received the Meningitis Vaccine on: \_\_\_\_\_  
(date- month/day/year)

Signed: \_\_\_\_\_  
(Qualified medical professional/credentials)

Printed: \_\_\_\_\_  
(Qualified medical professional/credentials)

Medical facility address  
and telephone number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY  
A MEDICAL PROFESSIONAL.  
FORGERY OF A MEDICAL  
PROFESSIONAL IS AGAINST THE  
LAW AND WILL BE HANDLED  
ACCORDINGLY.**

