

LOGAN ELM LOCAL SCHOOL DISTRICT

School Nurse Phone: 740-477-4430
School Nurse Fax: 740-474-8539
Email: jennifer.russell@loganelm.org

Ohio Department of Health
12th Grade Immunization Requirements
As required by Ohio Revised Code 3313.67

May 24, 2019

Dear 11th Grade Parent/ Guardian:

This is a reminder of Ohio’s immunization law regarding students entering 12th grade: all students entering, advancing, or transferring into 12th grade will need proof of two meningococcal immunizations (MCV4) for school in the Fall. If your student will be in 12th grade next year, this requirement will apply.

As with other school immunization requirements, students who do not provide documentation of the immunizations are subject to exclusion from school. To avoid exclusion, please have your child receive these 2 immunizations as soon as possible. Written documentation from a medical professional is required.

- In addition to your family doctor, immunizations may be given at the local Health Department (call before you go) or retail pharmacies (call before you go).
- **Make sure you take your child’s immunization record with you to the appointment.**
- For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director’s Journal Entry (available at www.odh.ohio.gov, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.

Please return this letter or a copy of an updated immunization record (with the date of the MCV4 listed) to the Logan Elm District School Nurse as proof of immunization **BEFORE the first day of school on August 19, 2019.**

Thank you,

Jennifer Russell, BSN, RN, LSN
District School Nurse
Logan Elm Local Schools

FAX
Attn: School Nurse
740-474-8539

MAIL
McDowell Exchange School
Attn: School Nurse
9579 Tarlton RD
Circleville, OH 43113

To be completed by medical professional responsible for vaccine administration:

Name of Student _____	DOB _____
MCV 4 Dose 1 _____	
MCV4 Dose 2 _____	
Other immunizations received _____	
Medical Professional Name _____	Signature _____
Address _____	