



2011-2012 BOOSTER DOSE Td/Tdap

TO: Parents of Students Entering Seventh Grade

FR: School Clinic

The Ohio Department of Health recently revised the School Immunization Requirements to include a dose of Td or Tdap to be administered before a student enters the seventh grade. This dose is intended to be administered as a booster dose for students who have completed the required doses of the initial series of DTaP/DT/Td. Therefore, your current sixth grader will need to show proof of having received this booster dose before they can return to school in the fall.

If your child completed the original DTP/DTap/DT series and later received Td or Tdap for an injury or other reason within five (5) years of entering seventh grade, they need not be reimmunized. Please provide the date the Td or Tdap was received. (Students who received only Td rather than Tdap should be immunized with Tdap five (5) years after the Td immunization. Check with your healthcare provider.)

You are receiving this letter now to provide you with ample time to have your child immunized before the coming school year begins. Please contact your physician or health department to schedule an appointment.

Please return to School Clinic
SEVENTH GRADE STUDENTS

_____ received the Td or Tdap (circle one)
Student's Name

Parent/Guardian Legible Signature Date

BOOSTER DOSE Td/Tdap

TO: Parents

FROM: School Health Clinic

DATE: _____

SUBJECT: Booster Dose

Dear Parents,

The Ohio Department of Health recently revised the School Immunization Requirements to include a dose of Td or Tdap to be administered before a student enters the seventh grade (effective with the 2010-2011 school year and thereafter). This dose is intended to be administered as a booster dose for students who have completed the required doses of the initial series of DTaP/DT/Td. Therefore, your current sixth grader will need to show proof of having received this booster dose before they can return to school in the fall.

If your child completed the original DTP/DTap/DT series and later received Td or Tdap for an injury or other reason within five (5) years of entering 7th grade, they need not be re-immunized. Please provide the date the Td or Tdap was received.
(Students who received only Td rather than Tdap should be immunized with Tdap five (5) years after the Td immunization. Check with your healthcare provider.)

You are receiving this letter now to provide you with ample time to have your child immunized before the coming school year begins. Please contact your physician or health department to schedule an appointment.

_____ received the Td or Tdap (circle one)

(Name)

on _____

(Date)

Signature