



Rocky River City School District

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Immunization Requirement for Students entering 7th grade

The Ohio Department of Health requires a Tdap (tetanus, diphtheria, and pertussis) Vaccine and one (1) dose of the Meningococcal (serogroup A, C, W, and Y) Vaccine to be administered prior to entry into the seventh (7th) grade.

Please have the Certification of Immunization form completed by your health care provider when your student receives these immunizations. Verification of the immunizations must be sent to school using this form or other appropriate documentation (i.e. copy of the immunization record) prior to the start of 7th grade. (Exemptions are provided under law, call for more information.) Please call 440-356-6800 and ask for the nurse, or the Ohio Department of Health Immunization Program Hotline at 800-282-0546 for more information.

You can receive these immunizations by making an appointment with your Primary Health Care Provider.

Certification of Immunizations

Name of Student: _____ Date of Birth _____

Received Tdap Vaccine _____ on _____
(Name of Vaccine) (Date)

Received Meningococcal Vaccine _____ on _____
(Name of Vaccine) (Date)

Print Name of Health Care Provider

Signature of Health Care Provider

Date

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