

Dear Parent/Guardian of 6th Grade Students:

Minnesota state law requires that every student in grades 7-12 show proof of the following immunizations:

- a **Tdap** booster shot (for tetanus, diphtheria, and pertussis) sometime after their 11th birthday unless they've received once since their 7th birthday. Also if your child only received a Td booster, a Tdap dose will be needed;
- and **meningococcal** (for children in 7th grade with a booster given at age 16).

Please call your child's doctor or clinic now to arrange for the additional immunizations. If your child has already received these, please update our records by writing the dates in the spaces below and returning this form to the school health office. For questions and/or concerns, please call your student's health office.

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Parents: please fill in any additional dates of shots your child has received and return this form to your student's health office.

Student's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Enter the MONTH, DAY, and YEAR for all immunizations received. DO NOT USE (✓) or (✗).

Type of Vaccine	1st Dose (Mo/Day/Yr)	2nd Dose (Mo/Day/Yr)
<b>Tdap</b> (tetanus, diphtheria, and pertussis) after their 7th birthday		
<b>MCV</b> (meningococcal)		

My child has not received the immunization(s) circled above due to medical exemption.\*

My child has not received the immunization(s) circled above because immunization is contrary to my conscientiously held beliefs.\*

*\*Students who seek a legal exemption due to their medical condition or their parent's conscientiously held beliefs should contact the school office for information on how to be granted this exemption.*

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date