

**LETTER TO PARENTS**  
**Tdap BOOSTER DOSE**  
(revised per ODH 1/25/12)

TO: Parents  
FROM: School Health Clinic  
SUBJECT: Tdap Booster Dose

Dear Parents,

The Ohio Department of Health requires that a dose of **Tdap** to be administered before a student enters the 7<sup>th</sup> 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 6<sup>th</sup> 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 DTaP/DT/Td series and later received a **Tdap** for an injury or other reason within five (5) years of entering 7<sup>th</sup> grade (August 2007 or later), they need not be re-immunized. Please provide the date that the **Tdap** was received.

You are receiving this letter now to provide ample time to have your child immunized before the next school year begins. Please contact your health care provider or health department to schedule an appointment if your child has not yet received this immunization.

**Please complete the following information and return it to the CFIS Clinic or have your health care provider fax the updated immunization record reflecting the Tdap booster to the Chagrin Falls Intermediate School @ 440-893-7694, Attention Clinic.**

Thank you in advance for your prompt attention to this request.

Pam Hoover, RN  
District Nurse, CFEVS

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\_\_\_\_\_ received the **Tdap** on \_\_\_\_\_.  
(Name) (Date)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_