

ATTENTION MIDDLE SCHOOL PARENTS!!

‘New’ immunization required - Tdap booster- has been required for 7th graders since school year 2008-09. For school year 2009-10, 8th graders will also need it. (Tdap is a booster for tetanus, diphtheria and pertussis/whooping cough) Influenza vaccine is also recommended, please discuss with your health care provider.

By February of 2010, all 7th and 8th graders are required to have documentation of this shot to continue school attendance. We do need written verification of booster shots in order to update the required Oregon Certificate of Immunization Status in the school health records, please see form below. Our school nurse recommends you discuss this with your health care provider at the next doctor visit or physical examination and be sure this important booster shot is received.

This vaccine contains protection against pertussis, or whooping cough. Pertussis is a disease that can be transmitted by adolescents and adults to babies and can cause severe illness, even death. The vaccine protection that Kindergartners have against pertussis generally provides little, if any, protection by the time a child is in 7th grade. Doctors have been recommending this booster shot for several years, and it will now also become a requirement for school attendance.

This vaccine is also available for adults as the next tetanus booster is due, so ask your health care provider for more information! My School’s Health Centers, located in 4J High Schools, are available to help, as is the Lane County Public Health Immunization Clinic, at 682-4041.

- South Eugene Health Center 790-8020
- North Eugene Health Center 790-4445
- Sheldon Health Center 790-6644
- Churchill Health Center 790-5227***

*Low income adults also welcome to schedule appointments at Churchill, some late Afternoon appointments are available.



Booster Shot Update for School Health Record (return to school office)

Student’s Name: _____ DOB _____

School: _____

Newly Required for 7th grade and 8th grade, Tdap Booster

Date _____

Other vaccine updates: Hep A #1 _____ Hep A #2 _____

Varicella #1 _____ Varicella #2 _____

Other (include type of vaccine & date) _____

Parent/guardian signature

Date