



LYNBROOK PUBLIC SCHOOLS
LYNBROOK UNION FREE SCHOOL DISTRICT
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May 2016

2016-17 School Year Immunization for Meningococcal Vaccine

Dear Parent/Guardian:

Earlier this year, in April, a letter was sent home regarding the 2016-2017 School Year Immunization Requirements for the Meningococcal Vaccine.

Please have your **Health Care Provider** complete this **statement** and return to the nurse at Lynbrook High School by September 2016:

STUDENT IMMUNIZATION RECORD

Student's Name: _____ Date of Birth: _____ School: _____

Meningococcal Vaccine Dose given after the age of 16 and administered prior to entering 12th grade.*

Date given: _____

Age: _____ years _____ months

*EXCEPTION: The only teens who will not need a second dose before 12th grade are those who got their first dose on or after their 16th birthday.

I hereby state, _____ has been immunized as documented above.
Name of Child

Health Care Provider's Signature & Stamp: _____ Date: _____