



Dear Parent or Guardian:

The Tdap booster gives your child protection against tetanus, diphtheria, and pertussis (whooping cough). One dose Tdap vaccine is recommended for all youth ages 11 years and older.

State law requires students entering 6<sup>th</sup> grade to show proof of Tdap booster vaccine. Since your child will be entering 6<sup>th</sup> grade in the fall, please use this form to confirm your child's Tdap immunization. **Please report your child's immunization date to the health room OR fill in the information below and return this form to school as soon as possible.** Please note: We do not request immunization dates directly from health care providers.

Thank you for your prompt attention to this request.

Sincerely,

School Nurse

\_\_\_\_\_  
Student Name (Last, First)

\_\_\_\_\_  
Student Date of Birth

IMMUNIZATION	Date Given		
	MONTH	DAY	YEAR
Tdap			

I certify that the above information is correct and verifiable.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

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

\_\_\_\_\_  
Phone Number