

Dear Parent/Guardian,

WV Students entering 7th and 12th grades are **REQUIRED** to have some vaccines, and these **must be met before they start school in the fall.**

BY AUGUST 1, 2022, students entering 7th and 12th grades **must** show proof of:

REQUIRED

- 1) **(TDAP)** which protects against tetanus, diphtheria, and pertussis(whooping cough).
- 2) Meningitis **(MPSV4)** vaccine, which protects against a type of meningitis). If a student is entering the 12th grade, they must have had a dose after the 16th birthday in addition to the dose they may have had at age 11 or 12.

Another vaccine is highly **RECOMMENDED** and will be available at the school immunization clinic but not required.

- 3) **MENINGITIS B** vaccine covers an additional strain (Meningitis B) that is not included in the REQUIRED MENINGITIS VACCINE.

Additional **RECOMMENDED** vaccines are available at the Hardy County Health Department.

- 4) **VARICELLA** (Chickenpox) vaccine if the student has not had the chickenpox vaccine or a second dose of vaccine.
- 5) **HPV** vaccine is recommended.

Vaccines are one of the most cost-effective, preventive measures available for saving countless lives. The new adolescent immunization requirements will not only lengthen the time for which immunized students are protected from vaccine-preventable diseases, but will also lower their chances of passing diseases to the elderly, children and infants, classmates with weakened immune systems, and others. Immunizations help keep adolescents healthy and prevent problems as they grow older.

To assist you in getting the necessary vaccines for your child:

- 1) Hardy County Health Department Nurses will be at school on March **25, 2022**, to administer the needed vaccines if you want.
- 2) If you would like your child to have the vaccines at the Hardy County Health Department, Immunization clinics are Wednesdays 8-11:30 am or 1-3:30 pm. **STUDENTS RECEIVING MENINGITIS B WILL NEED THEIR 2nd DOSE 1 MONTH AFTER THE FIRST.** Reminder cards will be mailed.
- 3) If you wish to have your child vaccinated at his/her physician's office, please have a record to the school by August 1, 2022

Please remember, your child will NOT be enrolled into 7th or 12th grade in the fall without proof of receiving the REQUIRED vaccines. For more information, contact Hardy County Health Department at 304-530-6355.

HARDY COUNTY HEALTH DEPARTMENT

REGISTRATION/IMMUNIZATION CONSENT FORM-School Immunization Clinic

School_____Grade_____

Last_____First_____Middle_____

Birthdate_____

Address_____

City_____State_____Zip_____

I also **authorize the Hardy County Health Department to release any information required** and/or requested by my Insurance company/Medicaid/Medicare/Chips in regards to payment.

I acknowledge that I have been offered a copy of the Notice of Privacy Practices for the Hardy County Health Department. This notice explains how my protected health information is used and/or disclosed for purposes of treatment, payment and health care options. (copy available at the Hardy County Health Department.)

The School Nurse has high-lighted the Required Vaccine(s) your child needs!

Circle Yes or No to Vaccinate	Yes or No	Yes or No	Yes or No
Vaccines	Tdap Required	Meningitis Required	Meningitis B Recommended
Date Vaccine Administered			
Vaccine Manufacturer			
Vaccine Lot Number			
VIS Date			
Site of Injection	Deltoid	Deltoid	Deltoid
Signature of Vaccine Administrator			

I want my child to receive the **required** vaccine(s) by State Law at the School Immunization Clinic and/or the **recommended** vaccines. Please circle **Yes** or **No** at the above vaccines.

Parent or guardian signature_____

Print name_____

Home or daytime phone number(_____) _____ - _____

My child is insured by: Medicaid/HMO____, CHIPS____, Private Insurance____,
No Insurance____. We can administer the vaccines if your child does not have
insurance.

YOU MUST:

- Fill out the Registration/permission form completely. **Don't forget your signature and clearly print name.**
- If you have insurance, (including Medicaid/HMO/ or CHIPS) that will cover vaccines and administration for your child we must have a copy of the insurance card(s).
- **Copy your insurance card** (both sides), and be sure that the Policy holder/Insured's **Birthdate** is written on the copy of the insurance card. **You may copy your card at the Hardy County Health Department M-F 8am-4pm and leave with staff**, or you can take a picture of both sides of the card (identify the child's name that is to receive the vaccine) and email to: donna.c.mongold@wv.gov
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- Please **attach a copy of your insurance card** or complete the following.

Insurance Company Name_____

Insurance Company Address_____

Insured's Name_____Date of Birth_____

Insured's Address if different than the child_____

ID#_____Group#_____