

BISHOP CANEVIN HIGH SCHOOL

OFFICE OF THE PRINCIPAL
2700 Morange Road | Pittsburgh, PA 15205

June 11, 2018

Dear Parents and Guardians,

Updated immunizations are **required** each year for **all students** in grades 10-12. If your child has already received these, they do not need to be repeated. These requirements are mandated by the Allegheny County Health Department.

Please contact your Primary Care Provider to verify that your child is up to date. If your child still needs the required vaccines, secure an appointment before September 7, 2018. If you do not have an immunization provider, all students in Allegheny County, 18 years and under may obtain vaccines through the Allegheny County Health Department's Immunization Walk-in Clinic located downtown. The phone number is 412-687-2243.

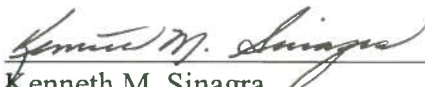
- All students are required to have proof of their updated vaccines at the **by the 5th school day of 2018**. Please use the form on the back of this letter and return it to the attention of BC's **School Nurse** via Bishop Canevin's main office.
- If your student(s) will be participating in a fall sport at BC, you will be **required** to turn in the separate **PIAA CIPPE form** (sections 1-6) **to our Athletic office** by Aug. 15, 2018. **And**, complete and return **the immunization form** on the back of this letter or your doctor's office immunization form, to the attention of the **School Nurse** via Bishop Canevin's main office by September 7, 2018. Students who have already had the Chicken Pox disease, will need **written proof from their health provider**.

*Please refer to the enclosed Allegheny County Health Department flyer detailing County requirements.

- ✓ **Especially note**, meningococcal conjugate vaccine for entry into 12th grade.

Please contact us with any questions or concerns (412-922-7400, ext. 212 during the summer). Thank you for your diligence.

Sincerely,


Kenneth M. Sinagra
Principal


Nicole E. Dailey, RN
BC School Nurse

KMS, NED/pg

Over

IMMUNIZATION REPORT 10TH through 12th grade students

School Bishop Canevin High School Grade _____ Homeroom _____

Child _____ DOB _____ Gender: M F

Immunizations: REQUIRED by state law for entry into school.

| VACCINE Circle appropriate item | Enter Month, Day and Year EACH dose for the Immunization was given. | | | | |
|---|---|-----------------------------------|--|---|---|
| Diphtheria, Tetanus and Pertussis (DTaP, DTP, Td or DT) | 1 | 2 | 3 | 4 | 5 |
| Tdap | 1 | | | | |
| Polio (OPV or IPV) | 1 | 2 | 3 | 4 | |
| Hepatitis B | 1 | 2 | 3 | | |
| Measles – Mumps – Rubella (MMR) | 1 | 2 | | | |
| Meningitis (MCV4) | 1 | 2 (prior to 12 th gr.) | | | |
| Varicella (Vaccine or Disease) | 1 (12-16 months) | 2 (4-6 years) | If your child has not been vaccinated but has had the chicken pox disease you will need to provide a written statement from the child's doctor noting the month & year of the disease. | | |
| Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for 12 years old or entry into 7 th grade. | | | | | |

Immunizations: RECOMMENDED by the Health Department. Circle all your child has received.

| VACCINE | Enter Month, Day and Year EACH dose for the Immunization was given. | | | | |
|-------------|---|---|---|--|--|
| Hepatitis A | 1 | 2 | | | |
| HPV | 1 | 2 | 3 | | |
| Hib | | | | | |
| Influenza | | | | | |
| Pevnar | | | | | |
| Other | | | | | |

Date _____ Name of Physician _____ Signature of Physician _____