



Attention Parent/Guardian:

_____ Middle School Health Office in collaboration with the New Mexico Department of Health is offering an immunization clinic at no cost to you!

New Mexico immunization rules and school requirements indicate that all students entering 7th grade must have a **Tdap** vaccine, Tetanus, Diphtheria and Pertussis (Whooping Cough) and a Meningococcal vaccine, which prevents meningitis, a serious infection of the brain and spinal cord. Another vaccine strongly recommended for children at this age is the **HPV** vaccine, which prevents certain types of cancers in girls and boys. All three immunizations will be offered at _____ Middle School on _____ (date).

If you would like your child to be vaccinated, please answer the questions below, select the immunizations you would like your child to receive, complete the attached consent form, **and return the letter and the consent form** to the school by _____ (date). You are required to complete all information including insurance and medical screening questions. You will not be charged regardless if your child has insurance or is uninsured. No need to miss work—we'll take care of the rest!

Warm regards,

School Nurse
_____ Middle School

Child's name: _____ Date of birth: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Is your child sick today? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child have allergies to any medication, food, vaccine or to latex? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered yes, list the allergy _____ | | |
| 3. Has your child had a serious reaction to a vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered yes, list the vaccine _____ | | |
| 4. Has your child had brain or other nervous system problems, such as Guillain Barré? ... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. For females: Is your child pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |

Select the vaccines you would like your child to receive at school:

- | YES | NO |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> HPV (recommended; 2 doses needed—2 nd dose 6 months after 1 st dose) |
| <input type="checkbox"/> | <input type="checkbox"/> Meningococcal (required for 7th grade school entry) |
| <input type="checkbox"/> | <input type="checkbox"/> Tdap (required for 7th grade school entry) |
| <input type="checkbox"/> | <input type="checkbox"/> Other vaccine (if offered): _____ |

Signature of parent/legal guardian: _____ Date: _____

Print name of parent/legal guardian: _____