

**LETTER TO PRESCHOOL PARENTS/GUARDIANS
INFLUENZA VACCINE**

TO: Parents/Guardians

FROM: School Health Clinic

DATE: _____

SUBJECT: Influenza Vaccine

Dear Parents/Guardians,

The Ohio Department of Health recently revised the School Immunization Requirements for Preschool Students to include an annual Influenza Vaccine (beginning the 2015-2016 school year and every year thereafter).

If your child has received the Influenza Vaccine, please provide the date the vaccine was received below.

If your child will be receiving the vaccine please indicate below and provide the date that it was received to the school after it has been given.

If you are declining to have your child receive the influenza vaccine, please indicate below.

STUDENT NAME _____

- ☐ My child had the Influenza vaccine on _____ (OR)
- ☐ My child will receive the Influenza vaccine this school year and I will provide the date to the clinic staff once it has been received (OR)
- ☐ I have declined to have my child immunized against Influenza this school year.
(You must provide a signature below to indicate that you have declined.)

Parent/Guardian Signature