



**Public Health**  
Prevent. Promote. Protect.

**Des Moines County Public Health**

522 North Third Street  
Burlington, Iowa 52601  
Phone: 319-753-8290  
FAX: 319-753-8703

Dear Parent or Guardian:

Des Moines County Public Health (DMCPH) would like to help your son and/or daughter receive the required vaccines before the beginning of 2019-2020 school year. The Iowa Department of Public Health (IDPH), Bureau of Immunization, requires Meningococcal (Meningitis) and Tdap (tetanus/whooping cough) vaccine for students enrolling into 7<sup>th</sup> grade. IDPH also requires a 2<sup>nd</sup> Meningococcal for students enrolling into 12<sup>th</sup> grade. Vaccines are the best way you can protect your child from a number of serious diseases.

- Meningococcal conjugate vaccine is recommended for preteens at age 11 or 12 for protection against bacteria that cause meningococcal disease, a very serious illness which can lead to death in as little as 48 hours. A second shot is recommended for teens at age 16 to continue providing protection.
- One dose of Tdap vaccine is recommended for preteens at age 11 or 12 to continue providing protection against tetanus, diphtheria, and pertussis (whooping cough).

DMCPH will be offering these immunizations to students at West Burlington Middle/ High School, on Wednesday May 15, 2019. Please have the attached form completed in its entirety and returned to the School Nurse, with insurance information by April 5, 2019. If there is no insurance, or if the insurance will not cover the vaccine, the child may still receive the vaccine(s) at no cost.

If you are unsure if your child needs the vaccines or if you have any questions at all, please feel free to call our office at 319-753-8290. To learn more about state immunization requirements, go to: [www.immunize.org/laws](http://www.immunize.org/laws).

Sincerely,

Lisa McGinity RN PHN  
Immunization Coordinator  
Des Moines County Public Health



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## VACCINE ADMINISTRATION RECORD

The doctor or clinic may keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine's special lot number, the signature and title of the person who gave the vaccine, and the address where the vaccine was given.

Please GIVE my child the following required immunizations: (Check all that apply)

Tdap                       Meningococcal

*I permit the person named below to be given the vaccine. I am the parent or legal guardian of this person.*

<b>Allergies:</b>		<b>Name of School:</b>	
<small>Information about the person to receive vaccine (please print)</small>			
Name: Last	First	Birthdate: ____/____/____	Age:
Address:	City:	State:	Zip:
Signature of person to receive vaccine or person authorized to make the request (parent/guardian):			
X _____		Relationship: _____	
Date: _____		Phone Number: _____	
Title XIX/State Insurance: <b>United Health or Ameri-Group (circle one)</b> ID# _____			
Private Insurance Type: _____		Insurance ID # _____	
Subscribers Name: _____		Subscribers DOB: _____	
<small>(Please include copy of Insurance Card if possible)</small>			
<b>Acceptable Private Insurances Only: BCBS or Ameri-Group</b>			

*The insurance number I provided and signature indicate my authorization to bill my insurance for the vaccine and administration. If the insurance fails to pay the claim I understand that I will be billed for the amount.*

### For Clinic/Office Use

Clinic/Office Address: Des Moines County Public Health, 522 North Third Street, Burlington, Iowa 52601

	Date	Lot #	Site	Given By:
<b>Tdap</b>				
<b>Meningococcal</b>				