

	Student:	ID:	
Meningitis Vaccine (N	Menactra/MCV4)	Required for Senior Class	
MCV4 vaccine on or a after the 11 <sup>th</sup> birthday	fter the 16 <sup>th</sup> birthor and a second do	v proof of having received one dose of the Meningitis/day or documentation of two doses, one dose on or se on or after the 16 <sup>th</sup> birthday (Illinois Administrative be required to start fall classes.	
Please submit docume	entation to New T	rier Health Services.	
385 Winnetka Ave. W	innetka 60093		
FAX: 847-835-9852 Scan to: <u>He</u>		Healthservices@nths.net	
Student Name		Date of birth	
Vaccination dates:			
#1	(on o	(on or after the 11 <sup>th</sup> birthday)	
	(on or after the 16 <sup>th</sup> birthday)		
OR			
#1 (single dose on or after the		e dose on or after the 16 <sup>th</sup> birthday)	
Medical provider sign	ature/stamp and	date:	