Dear Parent/Guardian:

State law and health regulations require children to be properly immunized and provide verification to attend child care/preschool, unless they are exempt.

Children attending child care/preschool must be immunized against diphtheria, tetanus, pertussis, polio, *Haemophilus influenza* type b, hepatitis B, pneumococcal, measles, mumps, rubella, and varicella. All children are required to provide documentation that includes the month, day and year the vaccine was administered.

Immunization records for your child are incomplete and the below information outlines your child’s immunization status. Please take this to your medical provider so your child can be properly immunized and attend child care/preschool.

If your child has had the immunization(s) noted below, please send or bring a record from a medical provider no later than ____________________________. Please call __________________, with any questions.

Sincerely,

☐ No immunization record on file - provide a complete immunization record.

☐ Diphtheria, Tetanus, Pertussis (DTaP, DT)
  ☐ Series incomplete. (Dose[s] needed ____________________________).
  ☐ Less than six months between doses three and four.

☐ Polio (IPV)
  ☐ Series incomplete. (Dose[s] needed ____________________________).

☐ *Haemophilus influenza* type b (Hib)
  ☐ Series incomplete. (Dose[s] needed ____________________________).
  ☐ Last dose received before first birthday.

☐ Hepatitis B
  ☐ Series incomplete. (Dose[s] needed ____________________________).
  ☐ Invalid spacing between doses.
  ☐ Last dose received before 24 weeks of age.

☐ Pneunmococcal (PCV)
  ☐ Series incomplete. (Dose[s] needed ____________________________).
  ☐ Last dose received before first birthday.

☐ Measles, Mumps and Rubella (MMR)
  ☐ Vaccination incomplete. (Dose[s] needed ____________________________).
  ☐ Vaccination for Measles, Mumps and Rubella since vaccine was received before first birthday.

☐ Varicella
  ☐ Vaccination incomplete. (Dose[s] needed ____________________________ or written statement from doctor of medicine (MD) or doctor of osteopathy (DO) indicating month and year of disease).
  ☐ Vaccination for Varicella is required since vaccine was received before first birthday.