

(SCHOOL LETTERHEAD)

Dear Parent/Guardian:

State law and health regulations require students to be properly immunized and provide verification to attend school, unless they have an appropriate exemption card on file.

Children attending school must be immunized against diphtheria, tetanus, pertussis, meningococcal, polio, measles, mumps, rubella, hepatitis B and varicella. All students 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 school.

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,

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

**Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap)**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

Last dose of (DTaP, DTP or DT) was received before fourth birthday (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

**Meningococcal (MCV)**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

Second dose, after age 16, required for 12<sup>th</sup> Grade (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

**Polio (IPV, OPV)**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

Last dose of Polio was received before fourth birthday (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

**Measles, Mumps and Rubella**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

Vaccination for Measles, Mumps and Rubella is required since initial vaccines were received before first birthday.

**Hepatitis B**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

**Varicella**

Series incomplete. (Dose[s] needed \_\_\_\_\_)

Vaccination for Varicella is required since vaccine was received before first birthday.