

NOTICE OF IMMUNIZATIONS NEEDED

Date _____

Dear Parent or Guardian:

Vaccinations are important in the prevention of infectious disease and may save your child's life during an outbreak. Your child _____ has not met the minimum immunization requirements for school entry.

Our records show that your child needs the following immunization(s):

- | | | | | | | |
|--|--------------|---|---|---|---|---|
| <input type="checkbox"/> DTaP | Dose Number: | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Polio | Dose Number: | 1 | 2 | 3 | 4 | |
| <input type="checkbox"/> Hepatitis B | Dose Number: | 1 | 2 | 3 | | |
| <input type="checkbox"/> MMR | Dose Number: | 1 | 2 | | | |
| <input type="checkbox"/> Varicella | Dose Number: | 1 | 2 | | | |
| <input type="checkbox"/> Hepatitis A | Dose Number: | 1 | 2 | | | |
| <input type="checkbox"/> Tdap Booster | Dose Number: | 1 | | | | |
| <input type="checkbox"/> Meningococcal | Dose Number: | 1 | | | | |

According to state law, we cannot allow your child to attend school unless we receive evidence that the above requirements are met by this date: _____.

YOU NEED TO DO ONE OF THE FOLLOWING IMMEDIATELY:

1. Take this form along with your child's immunization record to your medical provider or the local health department to get needed immunization(s). Then bring us your child's updated immunization record.
2. If your copy of your child's immunization record show he or she already received these immunizations, bring us the record so we can update our files. Your child's record must include a date for the immunizations circled above and the medical provider's signature or stamp.
3. If your child needs more than one dose of any one vaccine; the series must be started by the date below and a Schedule of Intended Immunizations form must be completed. Your child will be permitted to attend school on the condition that they will receive still-needed doses as they become due.

Failure to receive the above vaccinations before the deadline will result in your child being excluded from school in accordance with IDAPA 16.02.15, section 102.03.

Thank you for your cooperation.

School Administrator _____