

**IMMUNIZATION REQUIREMENTS PENDING**

Dear \_\_\_\_\_

Date \_\_\_\_\_

Student \_\_\_\_\_

Upon review of your child's health record, the following issues need to be resolved immediately:

\_\_\_ There are no records of any immunizations given. Please submit documentary proof of receipt of immunizations as soon as possible

\_\_\_ There are no DTP/DTaP immunizations administered on or after the 4<sup>th</sup> birthday.

\_\_\_ There are no polio doses after the 4<sup>th</sup> birthday.

\_\_\_ The Hepatitis B series is incomplete.

\_\_\_ There are not 2 doses of chicken pox vaccine or report of having had the disease.

\_\_\_ You have claimed an exemption for one or more vaccines. Please submit the appropriate paperwork immediately.

\_\_\_ Other \_\_\_\_\_

Please submit the appropriate documentation by \_\_\_\_\_.  
Your child will not be able to attend school after that date until the documentation has been provided.

Please contact your healthcare provider, the health department or school nurse if you have any questions about these requirements.

Sincerely,

School Nurse