

## Notice of Incomplete Immunization

Date: \_\_\_\_\_,

Dear Parent(s)/Guardian(s) of:

Birthdate:

(Student's Name)

(Student's Birthdate)

The Washington State Immunization Law (RCW 28A.210.120) requires that all students be properly immunized in order to attend or continue attending school. **All students must have a completed Certificate of Immunization Status (CIS).** A recent review found your student's CIS incomplete.

The reasons for your child's incomplete CIS are marked below. Please **complete the information requested on the attached CIS** and return it to school by \_\_\_\_\_. If we don't get the form by this date, your child will not be allowed to attend school.

The attached Certificate of Immunization Status (CIS) is incomplete for the following reason(s):

- Need parent/guardian's signature and date of signature.
- Need dates (month, day, and year) on which all vaccine(s) were given.
- If claiming exemption by reason of immunity, need a health care provider's signature, date of signature, or positive blood test (TITER) result showing laboratory evidence of immunity.
- If claiming medical exemption, need a health care provider's signature, date of signature, and the particular vaccine or vaccine dose that is exempted.
- If claiming philosophical or religious exemption, need a "Certificate of Exemption" signed by a parent or guardian and a licensed health care provider and date of signature; exemption for each vaccine must be specified.
- Need to demonstrate membership in a church or religious body that does not allow medical treatment.
- Need another dose of a live virus ( MMR or  varicella) because one dose was given too soon after another dose and so the second vaccine does not count. Consult with your health care provider.
- Need date (month, day, year) for the vaccine dose(s) marked below:
  - DTaP dose #1     Polio dose #1     MMR dose #1     Hep B dose #1     Varicella dose #1
  - DTaP dose #2     Polio dose #2     MMR dose #2     Hep B dose #2     Varicella dose #2
  - DTaP dose #3     Polio dose #3                                     Hep B dose #3
  - DTaP dose #4     Polio dose #4
  - DTaP dose #5
  - Tdap dose #1

Other: \_\_\_\_\_

Immunizations may be obtained from your private health care provider or from a local immunization clinic (please see attached immunization clinic locations list). If you have questions or need help, please contact your school nurse, health care provider or local health department.

**Thank you for your prompt response!**

SCHOOL PRINCIPAL: \_\_\_\_\_

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

PHONE: \_\_\_\_\_

SCHOOL NURSE: \_\_\_\_\_

PHONE: \_\_\_\_\_