



HEALTH SERVICES DEPARTMENT
Notice of Incomplete Immunizations

Date:

Student's Name: _____

Dear Parent/Guardian:

Your child may not attend school effective _____ or until the information below has been provided to the school.

YOUR CHILD WILL NOT BE ALLOWED AT SCHOOL OR ALLOWED TO PARTICIPATE IN ANY SCHOOL FUNCTIONS UNTIL A RECORD OF CURRENT IMMUNIZATIONS IS PROVIDED.

Our records show that your student is missing the immunizations checked below:

TDAP	MCV4	DTAP	POLIO	HEP. A	HEP. B	VARIC	MMR	COMMENTS

Indiana law (Indiana Code 20-8.1-7—10.1) provides that no student shall be permitted to attend school for more than twenty (20) calendar days beyond the date of his/her enrollment without one of the following on file:

- *current and complete written immunization record
- *written statement from your child's doctor or County Health Department identifying a schedule for completion of required immunizations
- *written statement of medical objection to completion of required immunizations provided by your child's doctor
- *religious objection form signed by parent/guardian. These forms are available from the school nurse and must be updated yearly.

Your child will be permitted to be immediately reinstated upon receipt of one of the above. Please bring this information to the school office before your child reports to class.

Sincerely,

School Principal