

Notice of Exclusion Due to Incomplete Immunization

Date: _____,

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

Birthdate:

(Student's Name)

(Student's Birthdate)

According to our records, your child does not have the documentation of the required immunizations for school and is not eligible for conditional status attendance.

As a result, **your child cannot come to school until immunization documentation has been provided** (Please reference Washington State law [RCW 28A.210.080](#) and rules, [WAC 392-380-045](#) and [WAC 246-105-080](#)). **This exclusion starts as of the date of this notification found above.**

Skipping vaccinations or missing vaccine doses makes it more likely that your child can get sick or spread an illness to another child.

Which vaccinations does my child need to get?

The Certificate of Immunization Status (CIS) we have on file for your child is missing the following vaccinations:

- | | | | | | |
|---------------------------------------|--|--|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> DTaP dose #1 | <input type="checkbox"/> Polio dose #1 | <input type="checkbox"/> MMR dose #1 | <input type="checkbox"/> Hep B dose #1 | <input type="checkbox"/> Hib dose #1 | <input type="checkbox"/> PCV dose #1 |
| <input type="checkbox"/> DtaP dose #2 | <input type="checkbox"/> Polio dose #2 | <input type="checkbox"/> MMR dose #2 | <input type="checkbox"/> Hep B dose #2 | <input type="checkbox"/> Hib dose #2 | <input type="checkbox"/> PCV dose #1 |
| <input type="checkbox"/> DtaP dose #3 | <input type="checkbox"/> Polio dose #3 | | <input type="checkbox"/> Hep B dose #3 | <input type="checkbox"/> Hib dose #3 | <input type="checkbox"/> PCV dose #3 |
| <input type="checkbox"/> DtaP dose #4 | <input type="checkbox"/> Polio dose #4 | <input type="checkbox"/> Varicella dose #1 | | <input type="checkbox"/> Hib dose #4 | <input type="checkbox"/> PCV dose #4 |
| <input type="checkbox"/> DtaP dose #5 | | <input type="checkbox"/> Varicella dose #2 | | | |
|
 | | | | | |
| <input type="checkbox"/> Tdap dose #1 | | | | | |
| <input type="checkbox"/> Other: _____ | | | | | |

When can my child return to school?

Your child may return to school when you turn in one of the following:

1. Medical vaccination records showing your child has received the missing vaccine(s) listed above, OR
2. Documentation by a health care provider that your child is immune to the disease either by a laboratory blood test or history of having had the disease, OR
3. A completed Certificate of Exemption for claiming you have medical, personal, or religious reasons for not vaccinating your child.

How can I appeal the decision to exclude my child?

According to [WAC 392-380-050](#) and [WAC 392-380-080](#) you have the right to appeal our decision to exclude your child from school. To appeal, you must request a hearing with the Kennewick School District within three (3) school business days of getting this letter. If you do not request a hearing within three (3) school business days, you give up your right to a hearing. You can request a hearing in writing or by asking at the school. A

hearing officer will determine if your child has had the proper immunizations, is in the process of getting properly vaccinated, or has a medical, personal, or religious exemption.

Immunizations may be obtained from your private health care provider or from a local immunization clinic (please see attached immunization clinic locations list). All children under age 19 can get vaccines at no cost. Providers may charge an administration fee, but if you cannot pay the administration fee, you can ask the health care provider to waive the cost. For more information, please contact your school nurse, health care provider or the Benton/Franklin County Health Department at 509-460-4200.

For more information about immunization requirements, including links to the forms mentioned above, visit <https://www.doh.wa.gov/SCCI>.

SCHOOL PRINCIPAL: _____ DATE: _____

SCHOOL: _____ PHONE: _____

SCHOOL NURSE: _____ PHONE: _____

Enclosures:

List of Required Vaccines

Schedule of school business days

RCW [28A.210.080](#)

RCW [28A.210.120](#)

WAC [246-105-020](#)

WAC [246-105-080](#)

WAC [392-380-045](#)

WAC [392-380-050](#)

WAC [392-380-080](#)