CHAMBERSBURG AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES
IMMUNIZATIONS NOT DOCUMENTED ON SCHOOL HEALTH RECORD

To the Parent or Guardian of _____ Date: _____
Grade_____
The Pennsylvania Department of Health requires the following immunizations for school age students. In order for your child to continue to attend school, he/she must receive the following immunizations:

Diphtheria/Tetanus (4 doses - one dose on or after 4th birthday)
1____ 2____ 3____ 4____
Polio 1____2_____3____ 4___ (4 doses – one dose on or after 4th birthday_____)
MMR (2 doses) 1____ 2____
Hepatitis B (3 doses) 1_____2_____3_____
Varicella 1____ 2____ Two doses of varicella vaccine or a note stating the age and date that the child had the disease.

7th Grade through 11th grade also requires:
_____One dose of Tdap – (Tetanus, diphtheria, acellular pertussis)
_____One dose of Meningococcal Conjugate Vaccine (MCV)
_____ **2nd dose of MCV required for 12th grade**

We have received no evidence that your child has received these vaccines or has a medical or moral/religious exemption from them. IF THESE REQUIREMENTS ARE NOT MET **PRIOR TO** _____, THE STATE IS DIRECTING THE CHAMBERSBURG AREA SCHOOL DISTRICT TO REFUSE TO PERMIT YOUR CHILD TO ATTEND SCHOOL UNTIL THE IMMUNIZATIONS ARE GIVEN AND THE DATES SENT TO YOUR CHILD'S SCHOOL.
These immunizations are available from your family medical doctor. If you do not have health insurance, the vaccines can be obtained from the State Health Department by contacting 717-263-4143. The school nurse must be given a copy of the immunizations received from the physician or State Health. If the immunization appointment is scheduled during school hours, your child's absence will be excused by bringing a note from your physician or clinic.
Thank you for your prompt attention to this matter.

Christopher Bigger

Christopher Bigger,
Superintendent of Schools Date 08/05/25

OVER

Immunizations administered: (Please check)

Diphtheria/Tetanus (one dose after 4th birthday) 1__ 2__ 3__ 4__

Polio (one dose on or after 4th birthday) 1__ 2__ 3__ 4__

MMR 1__ MMR 2__

Hepatitis 1__ 2__ 3__

Varicella 1____ 2____ Two doses of varicella vaccine administered at 12 months of age OR date child had the varicella disease _____

7th Grade and beyond:
Tdap _____

MCV _____

12th Grade
MCV #2 _____

Given on: _____
Date

Next appointment if needed: _____
Date

_____ _____
Signature/Stamp of Physician/Clinic Date

Turn page over for instructions from CASD

Immunizations not Documented on School Health Record 04/03, 05/05, 01/12, 8/17, 7/21,12/23