



San Pasqual

- Union School District -

NOTICE OF IMMUNIZATIONS NEEDED

Dear Parent/Guardian of: _____

Our records show that your child needs the following immunization(s) to meet the requirements of the California School Immunization Law Health and Safety Code Sections 120325-120375:

GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION				
K-12 Admission	4 Polio	5 DTaP	3 Hep B	2 MMR	2 Varicella
(7th-12th)	1 Tdap				
7th Grade Advancement	1 Tdap				2 Varicella

Please complete one or more of the following:

1. If your child **has** already received all of these immunizations marked above, bring the District the immunization record so that we can update our files. Your child's record must include a date for the immunizations checked above and the doctor's signature or stamp.
2. If your child **has not** received all of the immunizations marked above, bring this form and your child's immunization record to your doctor or local health department to get the immunizations required. Bring the District your child's updated immunization record after every immunization visit until all of the required immunizations have been received.
3. As of January 2016, parents/guardians may no longer submit personal belief exemptions. No distinction is made between religious beliefs and personal beliefs.
4. If any of these immunizations were not given to your child because of medical reasons please bring the District a letter signed by your licensed physician.

According to state law, unless we receive evidence that the above requirements are met by the first day of school , YOUR CHILD WILL BE EXCLUDED from school/child care.

If you have any questions or require additional information, please call Maria Anguiano.

Sincerely,

Mark Burroughs, Superintendent / Principal