



HEALTH SERVICES & PROGRAMS

POMONA UNIFIED SCHOOL DISTRICT

800 S. Garey Avenue, P.O. Box 2900, Pomona, California 91766 Phone: (909) 397-4648, ext. 28352

EXCLUSION LETTER

***PLEASE TAKE YOUR CHILD'S IMMUNIZATION RECORDS TO THE DOCTOR**

Date _____

School _____

Dear Parent/Guardian of _____:

By order of the School District Board, your child will be excluded from school beginning _____, for failure to bring the following immunizations up-to-date as required by state and local law.

_____ Polio	_____ Hepatitis B	_____ Hib
_____ DTP/DTaP/Tdap/Td	_____ Varicella	
_____ MMR		

If you have records that show your child's immunizations are up-to-date, please bring them immediately to school.

You may obtain these immunizations at:

- o Park Tree at The Pomona Health Center, 750 S. Park Ave. (909) 868-0270
- o Park Tree Community Health Center, 1450 E. Holt Ave. (909) 630-7927
- o East Valley Community Health Center, 1555 S. Garey Ave. (909) 620-8088
- o Mission City Community Network Clinic, 1818 N. Orange Grove, Ste. 205 (818) 895-3100
- o Your physician's office

If there is a medical reason for not having the immunizations, you must present a statement from your child's physician.

Please comply with this legal requirement so that your child will not miss any school time. If you have any questions, please feel free to call us at 397-_____.

Sincerely,

Principal

cc: Director of Health Services
Student's Health File