

Date: _____

Dear Parent / Guardian,

According to the records you have given the school, your child _____
has not received the immunizations indicated below. DOB _____ Grade _____

DTP Immunization

DTP ___ TD ___

- 1. _____
- 2. _____
- 3. _____
- 4. _____
Booster after age 4
- 5. _____
(any 5 doses)
- 6. _____
10th birthday or later

Polio Immunization

Sabin ___ IVP _____

- 1. _____
- 2. _____
- 3. _____
Booster after age 4
- 4. _____
(any 4 doses)

M.M.R. Vaccine

on or after first birthday

- 1. _____
- 2. _____
Measles Booster or
#2 MMR

Hepatitis B Vaccine

- 1. _____
- 2. _____
- 3. _____

Meningococcal Vaccine 6th GRADE

Vaccination Date _____

Varicella

1. _____ or

Date of Disease _____

Mantoux Test

Date administered _____

Date Read _____

Results _____

Hib Vaccine Prek

- 1. _____
On or after 1st birthday
- 2. _____
- 3. _____

Pneumococcal Conjugate Vaccine Prek

- 1. _____

Influenza Vaccine

- 1. _____

Physician Signature _____ Date _____

Physician Stamp

State law stipulates that all required immunizations be completed. If the school does not have proof of the required immunizations, your child will, by law, be excluded from attending school. Thank you.