



HEALTH SERVICES & PROGRAMS

POMONA UNIFIED SCHOOL DISTRICT

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

Date: _____

Dear Parent of: _____

We have reviewed your child’s immunization records and noticed that your child is lacking the following recommended vaccination(s):

_____ Tdap (Tetanus, Diphtheria and Pertussis). If DTP was given on or after age 7 years instead of Tdap, this dose may also be counted as a valid dose for this requirement.

_____ Hepatitis A

_____ MCV-4 (Meningococcal) for ages 11 and older

_____ Varicella (chicken pox) if your child has **Never** had the chicken pox disease)

_____ HPV (Human Papillomavirus) for girls ages 11 and older

I recommend that your child receive the above vaccine(s) in order to be fully immunized. Please bring a copy of your child’s immunization record to school as soon as your receive these updated immunizations.

Sincerely,

School Nurse

School