

NOTICE OF IMMUNIZATIONS NEEDED

Dear Parent/Guardian of: _____

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

VACCINE	MISSING DOSE(S) MARKED BELOW:				
Polio	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	
DTaP (Tdap or Td if age 7 years or older.)	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	<input type="checkbox"/> #5
MMR	<input type="checkbox"/> #1	<input type="checkbox"/> #2			
Hib (child care/preschool only)	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	
Hepatitis B	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3		
Varicella (chickenpox)	<input type="checkbox"/> #1	<input type="checkbox"/> #2			
Tdap (for 7th–12th grade)	<input type="checkbox"/> #1				

YOU NEED TO DO ONE OR MORE OF THE FOLLOWING IMMEDIATELY:

1. If your child has already received all of these immunizations marked above, bring us 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/clinic's name.
2. If your child has not already received all of the immunizations marked above, bring this form along with your child's immunization record to your doctor or local health department to get the immunization(s) marked above. Bring us your child's updated immunization record after every immunization visit until all of the required immunizations have been received.
3. If any of these immunizations were not given to your child because of medical reasons, please bring us a medical exemption letter signed by your child's doctor (MD or DO licensed in California).

According to state law, we cannot allow your child to attend unless we receive evidence that the above requirements are met by this date: _____

For more information on pre-kindergarten (child care or preschool) and school immunization requirements, visit www.shotsforschool.org.

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

Sincerely,