NOTICE OF IMMUNIZATIONS NEEDED

Dear Parent/Guardian of:						
Our records show that your child nee of the California School Immunization		_	•			•
VACCINE	MISSING DOSE(S) MARKED BELOW					DEADLINE
Polio	□#1	□ #2	□ #3	□ #4		
DTaP (Tdap/Td if 7 years or older)	□ #1	□ #2	□ #3	□ #4	□ #5	
MMR	□ #1	□ #2				
Hib (preschool only)	□ #1	□ #2	□ #3	□ #4		
Hepatitis B	□ #1	□ #2	□ #3			
Varicella (chickenpox)	□ #1	□ #2				
Tdap (for 7th-12th grade)	□ #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.						
 If your child has not received the immunizations marked above, bring this form along with your child's immunization record to your doctor or local health department to get the missing doses. 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 us a medical exemption form issu doctor (MD or DO licensed in Cali	ed using t	•			•	
According to state law, we cannot al requirements are met by this date: _	=			we receive	proof that	the above
For more information on pre-kinderg ShotsForSchool.org. If you have any o				=		
Sincerely,						