

Health Services Department Immunization/Physical Compliance Notice

| Dear Parent/Guar | dian of | | | <u>:</u> | |
|---|--|---|--|----------------------|-------------------|
| immunization or | exemption to attend all entry to present | nd school. This st | tudents to have do atute also requires school entry healtl | each student enter | ring kindergarten |
| | * | | nent medical exenccine preventable | | |
| School recor | rds indicate that ye | our child does not | t have the required | Physical Exam. | |
| School recor | rds indicate that ye | our child does not | t have the Immun i | ization/s. | |
| According to our | records, your chil | ld <u>needs</u> the follow | wing immunization | n/s: | |
| DTP | MMR | Polio | Varicella | Нер В | Tdap |
| | | | | | |
| or for information immunization and The school must or on this day he | n) or a health care d certification pap | provider of your erwork to return t pdated DH Forn porarily excluded | a 680 or DH Forn <u>l from school</u> . | ar child receive the | |
| ii you have any q | - | _ | di senooi nuise. | | |
| | | | | | |
| Sincerely, | | | | | |
| Principal Signature | | | School | | |