

Notice of Missing Immunizations

Students Name: _____

Our records indicate that immunization requirements for school attendance for the student named above are incomplete. The dose/doses circled below indicate what is needed for the student to meet school immunization requirements.

Vaccine Type	Dose/Doses Needed					
DTaP/DTP/Td/Tdap	1	2	3	4	5	1 Tdap
Polio <i>*not applicable for post-secondary schools</i>	1	2	3	4		
MMR	1	2				
Hepatitis B	1	2	3			
Varicella (Chicken Pox) <i>* or history of disease</i>	1	2				
Meningococcal <i>* only required for students who are living in a dormitory or campus-based housing and entering 7th or post-secondary school</i>	1					

If the student has received the circled dose/doses please present an immunization record to the school immediately.

There is no record of any immunizations on file at the school for the student named above. Please submit an immunization record, exemption form, or provisional admittance request immediately!

Provisional Admittance Request:

Name of Student _____ Date of Birth ___/___/___

The above student is in the process of complying with all the immunization requirements. All requirements should be met by ___/___/___.

 Print Name of Health Care Provider

 Signature of Health Care Provider

Date: ___/___/___

Telephone Number: _____

Students must meet immunization requirements, have a statement of exemption, or be provisionally admitted in order to attend school