

# Sample Exclusion Letter for Inappropriate Immunization

Dear [*Parent or Guardian*]:

A review of [*Child's Name*] health file shows that proof of the following is needed:

Complete Immunization Record

**OR**

Record of the vaccination(s) below:

DTaP/DTP/DT/Td

Hepatitis B

Hib

MMR

Pneumococcal Conjugate

Polio

Varicella (Chickenpox) or proof of disease

According to the Maryland Department of Health and Mental Hygiene School Health Services regulations, a school principal or other person in charge of a school may not knowingly admit or retain a student without proper documentation of age-appropriate immunity against vaccine preventable diseases (COMAR 10.06.04). Children who are not completely immunized or who have not presented their immunization record may be temporarily admitted to school and given up to 20 calendar days to furnish required documentations.

[*Child's Name*] will **NOT** be allowed to attend school after [*Date*], if the required documentation is not provided. Please contact your child's health care provider to obtain [*his/her*] immunization record or missing doses of vaccine. If you are unable to get an appointment for vaccinations, please contact your local health department.

Depending on [*Child's Name*] age and the age at which the first vaccines were given [*he/she*] may need more vaccinations than the ones listed above. Speak with your health care provider regarding the best schedule for [*Child's Name*] to ensure that [*he/she*] is fully protected against vaccine preventable diseases.

Please contact me at [*Phone Number*] if you have any questions.

Sincerely,  
[*Name and Title of School Health Official*]