## **NOTICE OF IMMUNIZATIONS NEEDED**

Dear Parent/Guardian of:						
Our records show that your child needs the of the California School Immunization Law	_		` '		'	
VACCINE	MISSIN	MISSING DOSE(S) MARKED BELOW:				
POLIO	□ #1	□ #2	□ #3	□ #4		
DTaP (Tdap or Td if age 7 years or older.)	□ #1	□ #2	□ #3	□ #4	□ #5	
MMR	□ #1	□ #2				
Hib (child care/preschool only)	□ #1	□ #2	□ #3	□ #4		
HEPATITIS B	□ #1	□ #2	□ #3			
VARICELLA (chickenpox)	□ #1	□ #2				
Tdap (for 7 <sup>th</sup> –12 <sup>th</sup> grade)	□ #1					
<ol> <li>If your child has already received a immunization record so that we can date for the immunizations checked</li> <li>If your child hasn't already received form along with your child's immunication immunization record after every immunization received.</li> <li>If any of these immunizations were please bring us a letter from your details.</li> </ol>	all of these n update of d above ar I all of the i ization rec n(s) marke munization	immunization ur files. You not the doctor mmunization ord to your d above. Bran visit until a	ons marked on child's received a signature on the child's received and child	above, be cord must e or stamp above, bring cal health child's up puired imm	include a p. ng this dated nuniza-	
According to state law, we cannot allo evidence that the above requirements a	•					
For more information on school immunizat If you have any questions or require additi	•				_	
Sincerely.						