



IMMUNIZATION REFERRAL	Notice Date:10/20/2019	
Student's Name:	Date of Birth:	_

Your child's record is still missing the following (checked off) required immunizations:

Name of Immunization	Required Doses				
Diphtheria Toxoid (DTaP)	□1st dose	□2 nd dose	□3 rd dose	□4 th dose	□5 th dose
Oral Poliovirus (OPV, IPV)	□1st dose	2nd dose	□3 rd dose	□4 th dose	
Hepatitis B (Hep B)	□1st dose	\square 2 nd dose	\square 3 rd dose		
Hepatitis A (Hep A)	□1st dose	2nd dose			
Measles and Mumps (MMR)	□1st dose	2nd dose			
Chicken Pox (Varicella)	□1 st dose	2nd dose			
Pertussis Booster (Tdap)	□1 dose				
Meningococcal (MCV)	□1st dose	□2 nd dose			

All of the above checked immunizations must be completed an official copy must be submitted to the School Nurse immediately.

If you believe your student has already received these immunizations then please obtain a copy of their record and submit it to the Nurse's Office promptly so we can update the record. If you believe your student still needs to acquire these immunizations then please schedule an appointment with their healthcare provider, advise me of this appointment date and then submit the updated immunization record to the Nurse's Office once the immunizations are obtained. The Indiana State Law requires these records be updated in a timely manner and your cooperation is appreciated.

Sincerely,

Health Office Nurse Molly St. Clair RN (Career Academy grades 6-12)