



IMMUNIZATION REFERRAL Notice Date: _____

Student's Name: _____ Date of Birth: _____

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

Name of Immunization	Required Doses				
Diphtheria Toxoid (DTaP)	<input type="checkbox"/> 1 st dose	<input type="checkbox"/> 2 nd dose	<input type="checkbox"/> 3 rd dose	<input type="checkbox"/> 4 th dose	<input type="checkbox"/> 5 th dose
Oral Poliovirus (OPV, IPV)	<input type="checkbox"/> 1 st dose	<input type="checkbox"/> 2 nd dose	<input type="checkbox"/> 3 rd dose	<input type="checkbox"/> 4 th dose	
Hepatitis B (Hep B)	<input type="checkbox"/> 1 st dose	<input type="checkbox"/> 2 nd dose	<input type="checkbox"/> 3 rd dose		
Hepatitis A (Hep A)	<input type="checkbox"/> 1 st dose	<input type="checkbox"/> 2 nd dose			
Measles and Mumps (MMR)	<input type="checkbox"/> 1 st dose	<input type="checkbox"/> 2 nd dose			
Chicken Pox (Varicella)	<input type="checkbox"/> 1 st dose	<input type="checkbox"/> 2 nd dose			
Pertussis Booster (Tdap)	<input type="checkbox"/> 1 dose				
Meningococcal (MCV)	<input type="checkbox"/> 1 st dose	<input type="checkbox"/> 2 nd dose			

All of the above checked immunizations must be completed and documented by your health care provider, health department where the student received the immunizations, or must be from an official copy of the official immunization record from the student's previous school.

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.

Please remember that if we do not have a copy of your student's complete immunization record and a disease outbreak occurs, your student will need to be excluded from school for days or weeks according to Center for Disease Control Guidelines and please note that the school is not responsible for any missed school work/assignments during that exclusion time.

Sincerely,

Health Office Nurses Karla Levy Health Aid (Success Academy grades K-5)
Molly St. Clair RN (Career Academy grades 6-12)