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 th –12 th grade)	□ #1					
 If your child has already received a immunization record so that we can date for the immunizations checked If your child hasn't already received form along with your child's immunication immunization record after every immunization received. If any of these immunizations were please bring us a letter from your desired. 	all of these n update of d above ar 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 recrised and child's recrised and child and	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.						