

WARNING OF POSSIBLE EXCLUSION FROM SCHOOL

Name of Student _____ B.D. _____ Grade _____
School _____ Date of Notice _____

Dear Parent/Guardian:

It is required by State law that all students entering school must have a complete record of immunizations and a physical examination.

Your child is missing one or both of the following:

1. A completed or updated immunization record.

Vaccine	1	2	3	4	5	Booster
Polio (4 doses required)						
DTP/DTap/DT/TD/Tdap (5 doses required + Tdap)						(Tdap)
Hepatitis B (3 doses required)						
MMR (after 1 st birthday)						
Varicella Vaccine (1 dose)						
Or verification of Varicella Disease: year						

2. A completed form showing a physical examination was done after _____.
*Kindergarten: No earlier than March _____
*First grade: No earlier than 18 months from date of registration

Please return this information by _____ or your child **may not** return to school until these records are received.

If you have any questions regarding this matter, please check with the school office or call Health Services at (510) 273-1510.

Sincerely,

OUSD School Nurse

Principal