



Warning Notice: Your Child's Immunization Status

Child's Name: _____ Date: _____

School ID: _____ Grade/Class: _____

School: _____ School Phone: _____

Dear Parent / Guardian:

We reviewed your child's health record and found that your child is missing one or more vaccines needed for school entry. Please immediately provide records showing your child received the vaccines listed below or had a blood test to check for immunity to measles, mumps, rubella, varicella, polio, or hepatitis B. Under Public Health Law § 2164, your child will not be permitted to attend school after ___/___/___ unless you provide documentation that your child received the required vaccines or has proof of immunity. Please note: If your child received doses of vaccine BEFORE the minimum age (too early), those doses do NOT count toward the number of doses needed.

Table with 3 columns: VACCINE, Number of Dose(s) Needed, and NOTES. Rows include DTaP, Tdap, IPV/OPV, MMR, HepB, Varicella, MenACWY, Hib, PCV, and Influenza.

Please show this letter to your child's medical provider to ensure that your child receives the missing dose(s) listed. If your child has already received these vaccines, please give the records of immunization or immunity to your school principal. Alternative schedules are not allowed. If you have any questions about the law requiring immunizations for school, or to find out more about where your child can be vaccinated, please call 311.

Sincerely,

Principal Name:

Principal Signature: