



School Exclusion Notice: Due to Incomplete Immunization

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_
School ID : \_\_\_\_\_ Grade/Class: \_\_\_\_\_
School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Dear Parent / Guardian:

This is to notify you that your child's required school immunizations are not complete. According to Public Health Law, Section §2164, your child will not be allowed to return to school unless you provide records stating s/he has already received the following vaccine(s):

Table with 3 columns: Vaccine, Number of Dose(s) Needed, and Notes. Rows include DTaP, Tdap, IPV/OPV, Hib, MMR, Hep B, Varicella, PCV, and MenACWY with their respective dosage and notes.

If your child has already received these vaccines, give the official record to your school nurse or principal. Please find attached a copy of the 2018-2019 required school immunization schedule. To find out more about where your child can get vaccines, call 311.

(Principal Name/Signature)