

Statement of Immunization Status

Date of Letter:

| Child's Name | | Date of Birth |
|--------------|-------|---------------|
| School | Grade | Teacher |

Dear Parent/Guardian: Washington State Law regarding school immunization (RCW 28A.31.118) and District Policy 3413 requires that your child be properly immunized in order to attend school.

According to school records, your child does not meet state immunization requirements because:

| No immunization information is on record. Complete the attached CERTIFICATE OF IMMUNIZATION STATUS (CIS) and return to school by or your child will not be allowed to remain in school. |
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| Student needs additional immunization(s) of the following: DTaP/Tdap Delio Hib Hib Hep B MMR (Measles, Mumps, Rubella) Hep-B Interval Varicella |
| Parent/guardian signature on CERTIFICATE OF IMMUNIZATION STATUS (CIS) form is needed. |

Please provide your child's school with the requested information or vaccination appointment date by: _______.

If the information is not provided by the deadline, your student will not be allowed to remain in school due to non-compliance with the law.

The minimum immunization requirements for school attendance are:

| <u>DTaP/DPT/DT/</u> <u>Td</u> | K-5 th grade must have five (5) doses, with the last given on or after the 4^{th} birthday. |
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| Tdap | For 6 th -12 th grade students, 5 doses, plus one (1) dose of Tdap is required <u>IF</u> the student is at least 11 yrs. of age. |
| Polio (OPV/IP V) | 4 doses (3 doses only IF 3 rd dose given on or after 4 th birthday) |
| Measles/Mumps/ & Rubella | Two (2) doses of MMR vaccine are required on or after the student's first birthday and at least 28 days apart. One (1) dose only is required for preschool students. |
| Hepatitis B | A three (3) shot series of Hepatitis B vaccine is required for all children, Pre-school and Kindergarten through 12 th grade, regardless of age. (A number of students are now being identified as being out of compliance for this vaccination due to the fact that doses may have been given at less than the ACIP recommended intervals and/or age. These students may not be fully protected from this illness and an additional dose may be required at the discretion of your health care provider.) |
| Varicella (Chicken Pox) | Two (2) doses required, or healthcare provider verification of disease, for all grades. |