Dear Parent/Guardian:

In reviewing _____'s immunization records, we find he/she is deficient in the following areas:

- ☐ Inadequate number of immunization dates provided.
- ☐ No immunization forms available at school.
- ☐ No immunization dates provided.

- ☐ Booster required for DTaP/DT/Td (on or after 4th birthday).
- ☐ Booster required for Tdap.
- ☐ Booster required for Polio (on or after 4th birthday).

- ☐ Immunization required for MMR (Measles/Mumps/Rubella), (on or after 1st birthday).
- ☐ Second immunization required for MMR.

- ☐ Varicella (Chickenpox) vaccine date (on or after the 1st birthday) or Physician verification of history of varicella disease or blood test (titer) showing immunity
- ☐ Varicella (Chickenpox) vaccine date (on or after the 1st birthday) or history of disease (yes/no required, indicate approximate date of disease)
- ☐ Second immunization required Varicella (Chickenpox)

- ☐ PCV required for preschool/ECE students.
- ☐ Hib required for preschool/ECE students.

- ☐ Hepatitis B series required.
- ☐ Hepatitis B series incomplete
  #1 _____
  #2 _____
  #3 _____
- ☐ Hepatitis B series was not given according to recommended schedule. Doses given at less than the appropriate intervals and/or age may not be protective.

- ☐ Varicella vaccine and the MMR vaccine must be given on the same day or at least 28 days apart.

- ☐ Parent/guardian signature required.

The dates (month/day/year) are required for all immunizations received. By law, individual schools will monitor student immunization records and must exclude students not in compliance. If a CIS form is on file at the school, please phone the school office at _____ by _____ with the day, month, and year of each required immunization so that your child's immunization record can be updated, as required by law.