

NOTICE OF IMMUNIZATIONS AND PHYSICAL EXAMINATION NEEDED

Dear Parent/Guardian of: _____

Our records show that your child needs the following immunization(s) (shots) to meet the requirements set by the State of Connecticut Department of Education Public Acts 80-440 and 91-327)

VACCINE	MISSING DOSE(S) MARKED BELOW:				
DTaP/Tdap	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	<input type="checkbox"/> #5
Polio	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	
MMR	<input type="checkbox"/> #1	<input type="checkbox"/> #2			
Hib	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3	<input type="checkbox"/> #4	
Hep A	<input type="checkbox"/> #1	<input type="checkbox"/> #2			
Hep B	<input type="checkbox"/> #1	<input type="checkbox"/> #2	<input type="checkbox"/> #3		
Varicella	<input type="checkbox"/> #1	<input type="checkbox"/> #2			
Influenza (for Preschool only)	<input type="checkbox"/> 1 dose each year between August 1 st -December 31 st				
Meningococcal	<input type="checkbox"/> #1				
DTaP/Td (For 7 th Grade only)	<input type="checkbox"/> #1				
Physical Examination	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 7 th grade		

YOU NEED TO DO ONE OR MORE OF THE FOLLOWING IMMEDIATELY:

1. If your child has already received all of these immunizations marked above, bring us the immunization record so that we can update our files. Your child's record must include a date for the immunizations checked above and the doctor's/clinic's name.
2. If your child has not already received all of the immunizations marked above, bring this form along with your child's immunization record to your doctor or local health department to get the immunization(s) marked above. Bring us your child's updated immunization record after every immunization visit until all of the required immunizations have been received.
3. If any of these immunizations were not given to your child because of medical reasons, please bring us a medical exemption letter signed by your child's doctor/physician.

According to CT state law, we cannot allow your child to attend class unless we receive evidence that the above requirements are met by **the first day of school**. As school has now begun, you are not compliant with CT state law. You need to attend to this matter immediately so that your child may attend school in-person. Physical exams should have been completed on or after Sept. 8, 2019.

For more information on pre-kindergarten, kindergarten, and school immunization requirements, visit <https://portal.ct.gov/DPH/Immunizations/Immunization--Laws-and-Regulations> and https://www.cga.ct.gov/current/pub/chap_169.htm

If you have any questions or require additional information, please do not hesitate to contact me.
Sincerely,

RN