Notice of Incomplete Immunization

Date: _____,

Dear Parent(s)/Guardian(s) of: _____ Birthdate: _____
(Student's Name) (Student's Birthdate)

The Washington State Immunization Law (RCW 28A.210.120) requires that all students be properly immunized in order to attend or continue attending school. **All students must have a completed Certificate of Immunization Status (CIS)**. A recent review found your student's CIS incomplete.

The reasons for your child's incomplete CIS are marked below. Please **complete the information requested on the attached CIS** and return it to school by _____. If we don't get the form by this date, your child will not be allowed to attend school.

The attached Certificate of Immunization Status (CIS) is incomplete for the following reason(s):

- ☐ Need parent/guardian's signature and date of signature.
- ☐ Need dates (month, day, and year) on which all vaccine(s) were given.
- ☐ If claiming exemption by reason of immunity, need a health care provider's signature, date of signature, or positive blood test (TITER) result showing laboratory evidence of immunity.
- ☐ If claiming medical exemption, need a health care provider's signature, date of signature, and the particular vaccine or vaccine dose that is exempted.
- ☐ If claiming philosophical or religious exemption, need a "Certificate of Exemption" signed by a parent or guardian and a licensed health care provider and date of signature; exemption for each vaccine must be specified.
- ☐ Need to demonstrate membership in a church or religious body that does not allow medical treatment.
- ☐ Need another dose of a live virus (☐ MMR or ☐ varicella) because one dose was given too soon after another dose and so the second vaccine does not count. Consult with your health care provider.
- ☐ Need date (month, day, year) for the vaccine dose(s) marked below:

☐ DTaP dose #1	☐ Polio dose #1	☐ MMR dose #1	☐ Hep B dose #1	☐ Varicella dose #1
☐ DTaP dose #2	☐ Polio dose #2	☐ MMR dose #2	☐ Hep B dose #2	☐ Varicella dose #2
☐ DTaP dose #3	☐ Polio dose #3		☐ Hep B dose #3	
☐ DTaP dose #4	☐ Polio dose #4			
☐ DTaP dose #5				
☐ Tdap dose #1				

☐ Other: _____

_____

_____

Immunizations may be obtained from your private health care provider or from a local immunization clinic (please see attached immunization clinic locations list). If you have questions or need help, please contact your school nurse, health care provider or local health department.

Thank you for your prompt response!

SCHOOL PRINCIPAL: _____ DATE: _____

SCHOOL: _____ PHONE: _____

SCHOOL NURSE: _____ PHONE: _____