

# Immunizations

Date \_\_\_\_\_

Notice # \_\_\_\_\_

To the parent/guardian of: \_\_\_\_\_ Grade: \_\_\_\_\_

Indiana State law requires that your child have certain immunizations to be enrolled in school. According to our records, your child is missing the following vaccination(s). If your child has had this vaccination(s), please bring the documentation FROM the Healthcare Provider to the school office as soon as possible. Should you have any questions, please feel free to contact the school office.

**DTP/DT/DTaP:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Polio:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Hepatitis B:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Hepatitis A:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Varicella:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**MMR:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**or**

date of chickenpox disease (Mo/Yr)

**Tdap:**

1. \_\_\_\_\_

**Meningococcal:**

1. \_\_\_\_\_

**Failure to comply with the above requirements will result in your child being excluded from school starting:**

**You may contact the following for low-cost vaccinations:**

Fort Wayne Allen County Department of Health @ 449-7533  
Super Shot Clinics @ 424-7468

(reviewed ACNPSA 2/2023)