

Date

Dear Parent/Guardian of (Student Name),

We are in the process of reviewing *student immunization records* to ensure that all students at (school name) have been properly immunized to enter school according to WV State Law.

The record at school indicates that your child has not yet received the required immunizations to enter (grade). Highlighted are the vaccines that are required and that we have no record of your child having received yet.

Please contact your physician or health care provider to arrive to have these immunizations administered. If our records are in error, please provide the school with an updated record.

<b>Pre- K 4 year old Enterers</b>		<b>Kindergarten and Transfer Students</b>	
<b>Immunization</b>	<b>Doses missing</b>	<b>Immunization</b>	<b>Doses missing</b>
DTap/DTP/Tdap <i>Diphtheria Tetanus Pertussis</i>		DTap/DTP/Tdap <i>Diphtheria Tetanus Pertussis</i>	
Polio (IPV)		Polio (IPV)	
MMR <i>Measles mumps rubella</i>	ie 2 <sup>nd</sup> dose	MMR <i>Measles mumps rubella</i>	
Varicella <i>Chicken pox</i>	ie 2 <sup>nd</sup> dose	Varicella <i>Chicken pox</i>	
Hepatitis A		Hepatitis B	
Hepatitis B			
Hib			
PCV		PPD (TB Skin Test) <i>Students transferring from our of state only</i>	

Feel free to contact me if you have any questions or concerns and thank you for helping keep our students healthy and well.

Sincerely,

(Principal)