

Office of the School Nurse

DATE: _____

MEMORANDUM FOR Parents/Sponsor of _____

SUBJECT: Incomplete Immunizations

1. DoDEA Instruction 6205.1 states that **PRIOR** to enrollment in DoDEA Schools, students shall meet specific immunization requirements.

2. The following required immunizations are missing from your child's immunization records:

_____ Diphtheria/Tetanus/Pertussis: dose # ____ (after fourth birthday) or
_____ ten year booster

_____ Hepatitis B: dose # _____ dose#2 due: _____ dose #3 due: _____

_____ Haemophilus Influenza type B: dose # _____

_____ Measles/Mumps/Rubella after fourth birthday or dose # _____

_____ Polio Vaccine after the fourth birthday or dose # _____

_____ Varicella (Chicken Pox): dose # _____ dose #2 due: _____
or provide reliable history (_____month _____ year)

_____ No immunization records on file with the child's school records

3. Have your child's records reviewed as soon as possible by "*insert name and hours of local medical treatment facility*".

4. DS Form 121.1 is attached and will need to be completed by the medical authority reviewing your child's immunization records.

5. Bring the completed DS Form 121.1 and your child's updated immunization record to school as soon as possible so that enrollment requirements for your child are complete.

Your child's registration for school year (_____) will not be complete until we receive documentation of required immunizations.

If you have any questions, please call "*insert school nurse name and number*".

Principal's Signature