

Statement of Immunization Status

Date of Letter: _		_	
Child's Name			Date of Birth
School		Grade	Teacher
Policy 3413 requir	es that your child be prop	perly immuniz	school immunization (RCW 28A.31.118) and District ed in order to attend school.
According to school	ol records, your child doe	s not meet st	ate immunization requirements because:
			lete the attached CERTIFICATE OF IMMUNIZATION or your child will not be allowed to remain in
			following:
Parent/gu	ardian signature on CERT	IFICATE OF IM	MUNIZATION STATUS (CIS) form is needed.
Please provide you date by:	If the information is no	t provided by	formation or vaccination appointment / the deadline, your student will not be
			e to non-compliance with the law.
The minimum imm	nunization requirements f	or school atte	endance are:
<u>DTaP/DPT/DT/</u> <u>Td</u>	K-5 th grade must have fiv	e (5) doses, wi	th the last given on or after the 4 th birthday.
Tdap	For 6 th -12 th grade students, 5 doses, plus one (1) dose of Tdap is required <u>IF</u> the student is at least 11 yrs. of age.		
Polio (OPV/IP V)	4 doses (3 doses only IF 3	rd dose given o	n or after 4 th birthday)
Measles/Mumps/ & Rubella			red on or after the student's first birthday and at least 28 red for preschool students.
Hepatitis B	Kindergarten through 12 identified as being out o been given at less than the	th grade, rega f compliance f ne ACIP recomm	B vaccine is required for all children, Pre-school and rdless of age. (A number of students are now being for this vaccination due to the fact that doses may have nended intervals and/or age. These students may not be additional dose may be required at the discretion of your
Varicella (Chicken Pox)	Two (2) doses required, o	or healthcare p	rovider verification of disease, for all grades.