

Date \_\_\_\_\_

Dear Parents:

In cooperation with your local health department, we are actively committed to enforcing Chapter 14 of the State Immunization Requirements. The following vaccines are now due/overdue for your child. You will have seven days from the date of this notice to provide proof of immunization to the Child Care Center/Pre-School. **Failure to do so will result in the exclusion of your child until such time that the age appropriate immunization have been given.**

- \_\_\_\_\_ **DTaP, Td, or DT Vaccine**
- \_\_\_\_\_ **Polio-Inactivated Polio Vaccine (IPV)**
- \_\_\_\_\_ **Measles, Mumps, Rubella (MMR)**
- \_\_\_\_\_ **Haemophilus B (HIB)**
- \_\_\_\_\_ **Hepatitis B (HBV)**
- \_\_\_\_\_ **Varicella (Chickenpox vaccine)**
- \_\_\_\_\_ **Pneumococcal Conjugate (PCV)**
- \_\_\_\_\_ **Influenza (Flu)**
- \_\_\_\_\_ **Other** \_\_\_\_\_

We appreciate your cooperation as we strive to assure the health and safety of all our children.

Sincerely,

\_\_\_\_\_

Director

January 2013