

# Notice of Exclusion: Due to Missing Immunizations



Student's Name: \_\_\_\_\_

Our records indicate that immunization requirements for school attendance for the student named above are incomplete. **Based on their incomplete immunizations the student will be excluded from school on** \_\_\_/\_\_\_/\_\_\_.

The dose/doses circled below indicate what is needed for the student to meet school immunization requirements.

Vaccine Type	Dose/Doses Needed					
Dtap/DTP/Td/Tdap	1	2	3	4	5	1 Tdap
Polio <i>*not applicable for post-secondary schools</i>	1	2	3	4		
MMR	1	2				
Hepatitis B	1	2	3			
Varicella (Chicken Pox) <i>* or history of disease</i>	1	2				
Meningococcal <i>* only required for students entering 7<sup>th</sup> or post- secondary school who are living in a dormitory or campus-based housing</i>	1					

If the student has received the circled dose/doses please present an immunization record to the school immediately.

**There is no record of any immunizations on file at the school for the student named above. Please submit an immunization record, exemption form, or provisional admittance request immediately!**

## Provisional Admittance Request:

Name of Student \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

The above student is in the process of complying with all the immunization requirements. All requirements should be met by \_\_\_/\_\_\_/\_\_\_.

\_\_\_\_\_  
Print Name of Health Care Provider

\_\_\_\_\_  
Signature of Health Care Provider

Date: \_\_\_/\_\_\_/\_\_\_

Telephone Number: \_\_\_\_\_