



# West Valley School District

## Statement of Immunization Status

Date of Letter \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Dear Parent/Guardian: Washington State Law regarding school immunization (RCW 28A.31.118) and District Policy 3413 requires that your child be properly immunized in order to attend school.

According to school records, your child does not meet state immunization requirements because:

<input type="checkbox"/>	No immunization information is on record. Complete the attached CERTIFICATE OF IMMUNIZATION STATUS (CIS) and return to school by _____ or your child will not be allowed to remain in school.
<input type="checkbox"/>	Student needs additional immunization(s) of the following: <input type="checkbox"/> DTaP/Tdap <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> Hep B <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Hep-B Interval <input type="checkbox"/> Varicella
<input type="checkbox"/>	Parent/guardian signature on CERTIFICATE OF IMMUNIZATION STATUS (CIS) form is needed.

Please provide your child's school with the requested information or vaccination appointment date by:

\_\_\_\_\_ .

**If the information is not provided by the deadline, your student will not be allowed to remain in school due to non-compliance with the law.**

The minimum immunization requirements for school attendance are:

- DTaP/DPT/DT/Td** Entry-level students (preschool or K) at least four (4) doses. Grades 1-12 at least three (3) doses are required. **(The last dose must have been received on or after the student's 4<sup>th</sup> birthday.)**
- Tdap** For 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students, one (1) dose of Tdap is required **IF** the student is at least 11 yrs. of age and **IF** it has been at least 5 yrs. since the last DTaP, DT or Td has been given.
- Polio** At least three (3) doses. **(The last dose must have been received on or after the student's 4<sup>th</sup> birthday.)** Four (4) doses is acceptable even if all four doses are given before the 4<sup>th</sup> birthday.
- OPV/IP V**
- Measles/Mumps/ & Rubella** Two (2) doses of MMR vaccine are required on or after the student's first birthday and at least 28 days apart. **One (1) dose only is required for preschool students.**
- Hepatitis B** A three (3) shot series of Hepatitis B vaccine is required for all children, Pre-school and Kindergarten through 12<sup>th</sup> grade, regardless of age. *(A number of students are now being identified as being out of compliance for this vaccination due to the fact that doses may have been given at less than the ACIP recommended intervals and/or age. These students may not be fully protected from this illness and an additional dose may be required at the discretion of your health care provider.)*
- Varicella (Chicken Pox)** One (1) dose of varicella given on or after the 1<sup>st</sup> birthday or parent/doctor reported history of disease is required for preschool (age 19 months and older), 2<sup>nd</sup>, 3<sup>rd</sup> and 6<sup>th</sup> grade students. Two (2) doses of varicella given on or after the 1<sup>st</sup> birthday or a doctor's diagnosis/verification of disease is required for kindergarten (ages 4-6) and 1<sup>st</sup> grade students. Parent reported history of disease is **NOT** acceptable for kindergarten and 1<sup>st</sup> grade.
- Hib (Haemophilus Influenzae)** **Preschool Requirement.** Doses vary by vaccine manufacturer. *(If child has received one (1) dose on or after fifteen (15) months of age, child can be admitted to preschool. This vaccination is not required after five (5) years of age or for kindergarten entry.)*