

# Notice of Exclusion for Incomplete Immunization Status

Student name: \_\_\_\_\_

School: \_\_\_\_\_

Dear Parent/Guardian:

Pennsylvania state law requires that your child be immunized against certain diseases in order to attend school or that he/she be excused from immunizations for medical or religious reasons.

Your child cannot attend school as of \_\_\_\_\_ (date) due to missing or incomplete immunizations. Your child will not be allowed to return to school until you provide documentation that they have received all required vaccinations.

## Missing vaccinations

Vaccine	Missing dose	Comments

Please show this letter to your child's healthcare provider to ensure that your child receives the missing dose(s) listed above. Please return the updated immunization records to your child's school as soon as possible. If your child has already received these immunizations, provide the record of immunization. If you have any questions, please contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone/e-mail: \_\_\_\_\_

For additional information on vaccine requirements, please visit the PA Department of Health website at [www.health.pa.gov](http://www.health.pa.gov).