

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.

未完成疫苗接种的离校通知

学生姓名：

学校：

尊敬的家长/监护人：

宾夕法尼亚州的法律规定，您的孩子必须完成某些疾病的疫苗接种，才具有上学资格，因医疗或宗教原因免于接种疫苗的除外。

由于未接种疫苗或疫苗接种不完全，您的孩子自 _____ 日起无法继续上学。在您提供文件证明孩子已接受所有必需的疫苗接种之前，您的孩子将不可以返回学校。

缺少疫苗接种剂次

疫苗	缺少剂次	意见

请向您孩子的医疗保健提供方出示此信函，以确保孩子完成上述缺少剂次的补充接种。疫苗的接种要求见第 2 页。请尽快将更新后的免疫接种记录返回至孩子的学校。如果您的孩子已完成这些免疫接种，请提供免疫接种记录。如有任何疑问，请联系：

姓名：

职务：

电话/电子邮箱：

了解有关疫苗要求的更多信息，请访问PA 卫生署网站：www.health.pa.gov。