Date ______________________

Dear Parent/Guardian of ________________________________  Grade ____________

A review of your child’s health file shows that proof of the following is needed:

- Complete Immunization Record OR Record of vaccination(s) below:
  - DTaP/DTP/DT/Td
  - Pneumococcal Conjugate (Prevnar)
  - Hepatitis B
  - Polio
  - Hib
  - Varicella (Chickenpox) or proof of disease from a medical provider – this must include month and year that the student had the disease
  - MMR

According to Maryland Department of Health and Mental Hygiene School Health Services Regulations, a school principal or other person in charge of a school may not knowingly admit or retain a student without proper documentation of age-appropriate immunity against vaccine preventable diseases (COMAR 10.06.04). Children who are not completely immunized or who have not presented their immunization record may be temporarily admitted to school and given up to 20 calendar days to furnish required documentation.

**Your child will not be allowed to attend school after ________________________ if the required documentation is not provided.** Please contact your child’s health care provider to obtain the immunization record or missing doses of vaccine. If you are unable to get an appointment for vaccinations, please contact the Prince George’s County Health Department.

Depending on your child’s age and the age at which the first vaccines were given, your child may need more vaccinations than the ones listed above.

Please contact me at ________________________ if you have any questions.

Sincerely,

___________________________________________

Principal