

Autauga County School District Notice of Incomplete Immunization Status

Student: _____ Birthdate: _____

Dear Parent/Guardian:

Alabama State School Immunization law _____ requires that your child be properly immunized in order to attend or continue attending school. A review of your child's records indicates that your child is missing the item(s) marked below.

Please update your child's records by no later than _____ (date) to avoid exclusion and make sure your child will be allowed to attend school.

Your child's immunization records are incomplete due to the following:

- No records have been received by the school.
- The item(s) marked below are missing or incomplete. This is:
 - a requirement for school entry
 - a new requirement
 - an update to your child's records
- Needs signature of parent or guardian and/or date of signature where indicated.
- Needs signature of physician/health care provider and/or date of signature where indicated.
- Current Certificate of Exemption requires updating for new immunizations.
- Records need to be transferred to an Alabama State approved Certificate of Immunization that can be obtained from your physician/health care provider or local health department.

For each missing or incomplete vaccine indicated below, please provide one of the following: a record that your child received the vaccine, a blood test (titer) showing immunity, and/or a certificate of exemption from vaccine.

Missing or Incomplete	Vaccine	Missing Doses	Date Due
	DTP/DTaP/Td (<i>Diphtheria, Tetanus, Pertussis</i>) <input type="checkbox"/> No dates have been recorded or series is incomplete. <input type="checkbox"/> Last dose in series must be received on or after 4 years of age. <input type="checkbox"/> Not enough time between doses or dose received at inappropriate age.	<input type="checkbox"/> Dose #1 <input type="checkbox"/> Dose #2 <input type="checkbox"/> Dose #3 <input type="checkbox"/> Dose #4 <input type="checkbox"/> Dose #5	
	Tdap Booster Shot (<i>Tetanus, Diphtheria, Pertussis</i>)	<input type="checkbox"/> Dose #1	
	IPV/OPV (<i>Polio</i>) <input type="checkbox"/> No dates have been recorded or series is incomplete. <input type="checkbox"/> Last dose in series must be received on or after 4 years of age. <input type="checkbox"/> Not enough time between doses or dose received at inappropriate age.	<input type="checkbox"/> Dose #1 <input type="checkbox"/> Dose #2 <input type="checkbox"/> Dose #3 <input type="checkbox"/> Dose #4	
	MMR (<i>Measles, Mumps & Rubella</i>) <input type="checkbox"/> No dates have been recorded or series is incomplete. <input type="checkbox"/> Vaccinations must be received on or after 1 year of age. <input type="checkbox"/> Vaccine was given less than 28 days after Varicella or first MMR.	<input type="checkbox"/> Dose #1 <input type="checkbox"/> Dose #2	

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Missing or Incomplete	Vaccine	Missing Doses	Date Due
	Varicella (<i>Chicken Pox</i>) <input type="checkbox"/> No dates have been recorded or series is incomplete. <input type="checkbox"/> Vaccinations must be received on or after 1 year of age. <input type="checkbox"/> Vaccine was given less than 28 days after MMR or first Varicella. <input type="checkbox"/> Incomplete documentation of having the Chicken Pox disease	<input type="checkbox"/> Dose #1 <input type="checkbox"/> Dose #2	
	Other: _____	<input type="checkbox"/> Dose #1 <input type="checkbox"/> Dose #2 <input type="checkbox"/> Dose #3	

Please take a copy of this form and any previous immunization records with you when you and your child go for the vaccinations to make sure that your child receives the correct vaccine(s).

If you have questions or need help, please contact your school nurse, health care provider or local health department. For additional information on vaccines, please visit the website of the U.S. Centers for Disease Control (CDC) at www.cdc.gov/vaccines, or your state or local health department at _____.

Thank you for your prompt attention to this matter!

Name: _____ Date: _____

Email: _____ Phone: _____