

## Exclusion Notice for Inadequate Immunizations

Date: \_\_\_\_\_

Dear Parent/Guardian of: \_\_\_\_\_

A recent review of immunization records shows that your child is not adequately immunized as required by the Utah Statutory Code 53G-9-301. Your child has been placed on conditional enrollment status. You have 30 calendar days to bring proof of immunization, an exemption form, or proof of immunity from disease. Please obtain complete dates for the indicated immunizations and provide a record to us within 30 days or your child will be excluded from attending school on the following date: \_\_\_\_\_

THE BOXES MARKED BELOW INDICATE DOSES NEEDED FOR YOUR CHILD'S RECORDS.

Vaccine	Dose in Question (circle dose number)	Reason (see codes to right)
DTaP/DT/Td*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Tdap Booster*	<input type="checkbox"/> 1	
Polio	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Hepatitis B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Haemophilus Influenzae Type b (Hib)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Varicella (chickenpox)	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Hepatitis A	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Pneumococcal (PCV)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Meningococcal	<input type="checkbox"/> 1	

**A.** Dates or doses are missing or incomplete.

**B.** Previous dose(s) was/were given too close together.

**C.** Previous dose(s) was/were given at too young an age.

\*D = Diphtheria

\*T = Tetanus

\*P = Pertussis

State law requires that children must be appropriately immunized in order to attend a Utah school or early childhood program. If you have questions or need additional information, please call \_\_\_\_\_.  
( school phone number)