

CLOVIS UNIFIED SCHOOL DISTRICT
NURSING SERVICES

If you have questions or need the help of an interpreter, please call your school office.
Si tiene alguna pregunta o si necesita la ayuda de un interprete, favor de llamar a la oficina de su escuela.
Yog koj muaj lus nug los yog xav tau neeg pab txhais lus, thov hu rau koj lub tsev kawm ntawv.

Date: _____

Dear Parent/Guardian,

All students entering the 7th grade in Fall 2019 are now required by California law to present documentation of having received the Tdap (pertussis) booster and two doses of the Varicella vaccination in addition to completed doses for Polio and MMR.

Immunizations may be obtained from your own private physician or the Fresno County Public Health Department. If you do not have medical insurance and would like assistance you can call 327-7988.

You must present **WRITTEN EVIDENCE** (month/year of the dose) from your doctor or clinic that your child has received this booster. Please attach a copy of your child’s immunization record with the **Tdap** Booster and/or **Varicella #2** date to this notice and return to the Health Office or take this notice to your doctor or clinic to complete.

Student's Name _____ Birthdate _____
School _____ Grade _____ Teacher _____

Required for 7th grade

Tdap (pertussis) booster Date Given _____ MD office signature _____

2nd Varicella (if checked) Date Given _____ MD office signature _____

If checked below, these are required due to previous immunization history and/or age

2nd MMR Date Given _____ MD office signature _____

Polio dose _____ Date Given _____ MD office signature _____

Please return this notice to me when the indicated immunization is received. If you have any additional questions, please don’t hesitate to contact me at the phone number(s) listed below.

 School Nurse
 Health Services Assistant

Health Office Phone # & Fax #