



# Humble Independent School District Health Services

## 2019-2020 Notice of Incomplete Immunizations

(PPCD, Speech Only, PK4, Elementary)

To the parents of: \_\_\_\_\_

DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Your student will be subject to exclusion from school if proof of the required immunizations is not presented to the school by: \_\_\_\_\_.**

Your student's records lack **proof** of the following:

Vaccine (In order to meet requirements of Texas Law, Humble Independent School District requires the following for attendance)	Required Now	Recommended	Last Given as noted on record provided to school
<b>DTap</b> <ul style="list-style-type: none"> <li>3 – 4 year olds (Speech Only, PPCD, PK): 4 doses</li> <li>K – 5<sup>th</sup> Grade: 5 doses with one after the 4<sup>th</sup> birthday(4 doses meet requirement if the 4<sup>th</sup> dose was received on or after 4<sup>th</sup> birthday)</li> </ul>			
<b>Polio</b> <ul style="list-style-type: none"> <li>3 – 4 year olds (Speech Only, PPCD, PK): 3 doses</li> <li>K – 5<sup>th</sup> Grade: 4 doses with one after the 4<sup>th</sup> birthday (3 doses meet requirement if the 3<sup>rd</sup> dose was received on or after 4<sup>th</sup> birthday; If combination of OPV and IPV given before the 4<sup>th</sup> birthday, no additional dose is required)</li> </ul>			
<b>Hepatitis B</b> <ul style="list-style-type: none"> <li>3 year olds – 5<sup>th</sup> Grade: 3 doses</li> </ul>			
<b>MMR</b> <ul style="list-style-type: none"> <li>3 – 4 year olds (Speech Only, PPCD, PK): 1 dose given on or after 1<sup>st</sup> birthday</li> <li>K - 5<sup>th</sup> Grade: 2 doses with 1<sup>st</sup> dose given on or after 1<sup>st</sup> birthday</li> </ul>			
<b>Varicella</b> <ul style="list-style-type: none"> <li>3 – 4 year olds (Speech Only, PPCD, PK): 1 dose given on or after 1st birthday</li> <li>K – 5 Grade: 2 doses with 1st dose given on or after 1st birthday</li> </ul>			
<b>Hepatitis A</b> <ul style="list-style-type: none"> <li>3 year olds – 5<sup>th</sup> Grade: 2 doses (1<sup>st</sup> dose must be given on or after 1<sup>st</sup> birthday)</li> </ul>			
<b>Haemophilus Influenzae B (Hib)</b> <ul style="list-style-type: none"> <li>3 – 4 year olds (Speech Only, PPCD, PK): Complete series of 3 doses with 1 dose on or after 1<sup>st</sup> birthday; or 2 doses with 1st dose after 12 months or 1 dose given on or after 15months. Immunization not required after 5 years of age.</li> </ul>			
<b>Pneumococcal</b> <ul style="list-style-type: none"> <li>3 – 4 year olds (Speech Only, PPCD, PK): Complete series (3 doses with one dose after 1<sup>st</sup> birthday, or 2 doses after the first birthday or 1 dose after age 2). Not required after 5 years of age.</li> </ul>			
<b>HPV</b> <ul style="list-style-type: none"> <li>2 dose series recommended for males and females 9 through 14 years of age; 3 dose series recommended for ages 15 through 26 years of age</li> </ul>			
<b>Influenza</b> <ul style="list-style-type: none"> <li>1 dose recommended yearly for all who do not have any contraindications</li> </ul>			

**ALL IMMUNIZATION RECORDS MUST BE VALIDATED BY A PUBLIC HEALTH CLINIC OR PHYSICIAN LICENSED TO PRACTICE IN THE U.S.A. FOREIGN RECORDS ARE ACCEPTABLE PROVIDED THEY ARE LEGIBLE AND CAN BE INTERPRETED BY HEALTH SERVICES PERSONNEL. FOREIGN RECORDS NOT MEETING THE CRITERIA WILL BE REFERRED TO A PRIVATE PHYSICIAN FOR INTERPRETATION.**

If you have any questions, please call the nurse at \_\_\_\_\_ . The phone # is \_\_\_\_\_.

School Nurse

Date