



Humble Independent School District Health Services

2020-2021 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 <small>(In order to meet requirements of Texas Law, Humble Independent School District requires the following for attendance)</small>	Required Now	Recommended	Last Given as noted on record provided to school
DTap <ul style="list-style-type: none"> 3 – 4 year olds (Speech Only, PPCD, PK): 4 doses K – 5th Grade: 5 doses with one after the 4th birthday(4 doses meet requirement if the 4th dose was received on or after 4th birthday) 			
Polio <ul style="list-style-type: none"> 3 – 4 year olds (Speech Only, PPCD, PK): 3 doses K – 5th Grade: 4 doses with one after the 4th birthday (3 doses meet requirement if the 3rd dose was received on or after 4th birthday; If combination of OPV and IPV given before the 4th birthday, no additional dose is required) 			
Hepatitis B <ul style="list-style-type: none"> 3 year olds – 5th Grade: 3 doses 			
MMR <ul style="list-style-type: none"> 3 – 4 year olds (Speech Only, PPCD, PK): 1 dose given on or after 1st birthday K - 5th Grade: 2 doses with 1st dose given on or after 1st birthday 			
Varicella <ul style="list-style-type: none"> 3 – 4 year olds (Speech Only, PPCD, PK): 1 dose given on or after 1st birthday K – 5 Grade: 2 doses with 1st dose given on or after 1st birthday 			
Hepatitis A <ul style="list-style-type: none"> 3 year olds – 5th Grade: 2 doses (1st dose must be given on or after 1st birthday) 			
Haemophilus Influenzae B (Hib) <ul style="list-style-type: none"> 3 – 4 year olds (Speech Only, PPCD, PK): Complete series of 3 doses with 1 dose on or after 1st 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. 			
Pneumococcal <ul style="list-style-type: none"> 3 – 4 year olds (Speech Only, PPCD, PK): Complete series (3 doses with one dose after 1st birthday, or 2 doses after the first birthday or 1 dose after age 2). Not required after 5 years of age. 			
HPV <ul style="list-style-type: none"> 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 			
Influenza <ul style="list-style-type: none"> 1 dose recommended yearly for all who do not have any contraindications 			

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