Humble Independent School District Health Services

2016-2017 Notice of Incomplete Immunizations

(Middle School and High School)

To the parents of: _____

DOB: _____ ID#: _____ Grade: _____ Teacher: _____

Your student will be subject to exclusion form 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**
DTP/DT/DTap • 6th Grade: 5 doses with one on or after 4th birthday (4 doses meet requirement if 4th on or after 4th birthday; 3 doses meet requirement if older than 7 year of age and one dose given on or after 4th birthday) • 7th – 12th Grade: 3 doses with one on or after 4th birthday			
Tdap/DT • 7th Grade: Booster (Only if more than 5 years since last dose of tetanus-diphtheria containing virus) • 8th -12th Grade: 1 dose of Tdap is required when 10 years have passed since the last dose of tetanus-diphtheria containing vaccine			
Polio • 6th -12th Grade: 4 doses with one on or after the 4th birthday (3 doses meet requirement if one dose on or after 4th birthday)			
MMR • 6th – 12th Grade: 2 doses (1st dose must be given on or after 1st birthday) • Students vaccinated prior to 2009 with 2 doses of measles and one dose of rubella and mumps meets the requirement.			
Hepatitis B • 6th – 12th Grade: 3 doses			
Varicella • 6th – 12th Grade: 2 doses with 1st dose on or after the 1st birthday (Previous illness may be documented with a written statement)			
Hepatitis A • 6th Grade: 2 doses (1st dose must be given on or after 1st birthday)			
Meningococcal (Must be MCV4 on or after age 11) Doses received at age 10 are accepted. No doses accepted prior to the 10th Birthday. • 7th – 12th Grade: 1 dose			
HPV • 3 dose series recommended for males and females over 9 years of age			
Influenza • 1 dose recommended yearly for all who do not have any contraindications			
Meningitis B – Ages 16 -23 years of age **Bexero –** 2 doses 1 month apart **Trumemba** 3 doses – 2nd dose 2 months after the first; 3rd dose 6 months after 1st **Brand cannot be mixed.**			

ALL IMMUNIZATIONS RECORDS MUST BE VALIDATED BY A PUBLIC HEALTH CLINIC OR PHYSICIAN LICENSED TO PRACTCE IN THE USA. FOREGN 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 PRIVATE PHYSICANS FOR INTERPRETATION

If you have any questions, please call the nurse at_____. The phone # is _____.

_____ _____

School Nurse Date