



HEALTH SERVICES & PROGRAMS

POMONA UNIFIED SCHOOL DISTRICT

800 S Garey Avenue, P.O. Box 2900, Pomona, California 91766 Phone: (909) 397-4648, ext. 28352

LETTER#1

***PLEASE TAKE YOUR CHILD'S IMMUNIZATION RECORDS TO THE DOCTOR
NOTICE OF INADEQUATE IMMUNIZATIONS**

Dear Parents of _____ Date _____

The California Health and Safety Code (3380-3390) requires that all children attending California schools must present written evidence of immunizations against diphtheria, whooping cough, tetanus, polio, measles, mumps, rubella, Hepatitis B and Varicella from a physician, health department or clinic.

Our records show that, as of this date, you child needs the following immunizations(s). You have until _____ to meet this requirement or your child will be excluded from school.

REQUIRED IMMUNIZATIONS: The dose needed is circled.

(Dates of doses already documented are attached)

Polio	1	2	3	4	5
DPT/DTaP	1	2	3	4	5
Td	1	2	3		
Measles, Mumps & Rubella (MMR)	1	2			
Hepatitis B	1	2	3	4	
Hib	1	2	3	4	
Varicella	1	2			
Tdap	1				

If you have records that show that your child's immunizations are up-to-date, please bring them immediately to school.

If your child does need these immunizations, you may obtain them at:

- o Park Tree at The Pomona Health Center, 750 S. Park Ave. (909) 868-0270
- o Park Tree Community Health Center, 1450 E. Holt Ave. (909) 630-7927
- o East Valley Community Health Center, 1555 S. Garey Ave. (909) 620-8088
- o Mission City Community Network Clinic, 1818 N. Orange Grove, Ste. 205 (818) 895-3100
- o Your physician's office

If there is a medical reason for your child not to have the immunizations, we will need a statement from your child's physician.

Please comply with this legal requirement so that your child will not miss any school time. More importantly, you child needs to be fully protected from these diseases. If you have any questions, please feel free to call at 397-_____.

Sincerely,

School Nurse

School

Attachment
cc: Principal
Student's Health File