

School: _____

Date: _____

NOTICE OF INCOMPLETE HEALTH REQUIREMENTS

To the Parent(s)/Legal Guardian(s) of: _____ Birth Date: _____ Grade: _____

School health laws require that students receive a physical examination and immunizations before first entering preschool or school in Hawaii and before 7th grade attendance.

According to our records, your child does not meet the following requirements:

IMMUNIZATIONS

		Missing Dose	Dose does not meet minimum age/interval requirements
DTaP	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
Polio	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
Hib (Preschool only)	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
PCV (Preschool only)	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
MMR	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
Varicella*	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
HPV (ALL 7 th graders [¶])	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
MCV (ALL 7 th graders [¶])	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>
Tdap (ALL 7 th graders [¶])	[Dose Number(s) _____]	<input type="checkbox"/>	<input type="checkbox"/>

*A documented history of varicella (chickenpox) disease, signed by a U.S. licensed physician, advanced practice registered nurse, or physician’s assistant may be substituted for the varicella vaccine requirement.

¶And all students entering school in Hawaii for the first time in grades 8-12. Note: students entering school in Hawaii for the first time in grades 8-12 must provide evidence of all K-12 required vaccinations.

PHYSICAL EXAMINATION

Performed by a U.S. licensed physician, advanced practice registered nurse, or physician’s assistant within 12 months prior to the date of preschool or school entry and within 12 months prior to 7th grade attendance.

TUBERCULOSIS (TB) CLEARANCE

Your child must complete ALL of these requirements PRIOR to school entrance. Provisional (temporary) entrance may be allowed if written proof of an appointment to complete the physical examination and immunization requirements is submitted prior to or on your child’s first day of preschool or school. If written proof of an appointment to complete the requirements is not submitted, your child will not be permitted to attend school. Students granted provisional entrance must submit certification that the required physical examination and appropriate immunizations have been completed NO LATER THAN three months after your child provisionally entered school.

NOTE: Provisional entrance may be suspended when there is a danger of an epidemic from any communicable disease for which immunization is required. Your child will not be permitted to attend school unless he/she receives the required immunization(s) or until the epidemic is over.

Our health aide, _____ Phone _____, will answer any questions you may have about these requirements.

Principal