

## UMATILLA-MORROW HEAD START, INC. IMMUNIZATION REVIEW

Dear Parent/Guardian of: \_\_\_\_\_

It is the policy of UMCHS that each child must meet the minimum immunization requirements prior to entry into the program. At enrollment a Certificate of Immunization Status Form (CIS) is completed for each child. In Head Start each child's immunization status is assessed. This letter is to inform you of your child's immunization needs based upon information you reported on the CIS for your child. It has been found that your child presently has the following immunization status:

- Vaccinations are incomplete, missing or "past due". The following vaccinations are needed to bring your child up-to-date:

|                                       |                          |   |                          |   |                          |   |                          |   |                          |   |
|---------------------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| Diphtheria/Tetanus containing vaccine | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| Polio vaccine                         | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |   |
| Haemophilus Influenzae b vaccine      | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |   |
| Hepatitis B                           | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |   |                          |   |
| Measles, MR or MMR vaccine            | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |   |                          |   |                          |   |
| Varicella (Chicken Pox)               | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |   |                          |   |                          |   |
| Hepatitis A                           | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |   |                          |   |                          |   |

Child may be "excluded" from classroom services for missing vaccines:

Yes  No      Exclusion will take effect February 18<sup>th</sup>, 2015

- Your child should receive the following vaccinations on or after the following dates. (Enter the first date child may receive the next vaccine in each series.)

|            |                                       |                          |   |                          |   |                          |   |                          |   |                          |   |
|------------|---------------------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| Date _____ | Diphtheria/Tetanus containing vaccine | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| Date _____ | Polio vaccine                         | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |   |
| Date _____ | Haemophilus Influenzae b vaccine      | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> |   |
| Date _____ | Hepatitis B                           | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> |   |                          |   |
| Date _____ | Measles, MR or MMR vaccine            | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |   |                          |   |                          |   |
| Date _____ | Varicella (Chicken Pox)               | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |   |                          |   |                          |   |
| Date _____ | Hepatitis A                           | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> |   |                          |   |                          |   |

- An active Medical Exemption is in effect
- An active Non-Medical Exemption is in effect
- Will need prior to kindergarten entry
- Immunizations are complete for Kindergarten entry
- Other \_\_\_\_\_.

When vaccine schedule is brought "up-to-date", please contact your Home Visitor to update your CIS form.

Immunizations reviewed by \_\_\_\_\_ Date \_\_\_\_\_