

WILLOUGHBY-EASTLAKE CITY SCHOOLS
HEALTH SERVICES/SCHOOL EXCLUSION

TO: PARENT/GUARDIAN OF: _____

FROM: _____
School Nurse Phone Number

DATE: _____

RE: IMMUNIZATION DEFICIENCY NOTICE

According to our school records, your child still needs to either obtain or provide documentation of having received the immunization(s) checked below.

The Revised Code of the State of Ohio, Section 3313.671 provides: ALL pupils who are not fully immunized, or do not have a waiver on file, or do not fully meet the “in the process” criteria, **ARE TO BE EXCLUDED FROM SCHOOL ON THE 15TH DAY FOLLOWING NOTIFICATION.**

Needed: Please provide month, date and year.

_____ DTaP DPT or DT _____
_____ Td _____
_____ POLIO _____
_____ MMR _____
_____ HEPATITIS B(HBV) _____
_____ VARICELLA _____
_____ HIB _____
_____ TB/TYPE/RESULTS _____
_____ ALL IMMUNIZATIONS - NO RECORD AVAILABLE IN SCHOOL
_____ PHYSICIAN’S REPORT - PRESCHOOL, KINDERGARTEN AND NEW ENTRIES

You may bring/send in a copy of shot/immunizations record that includes child’s name, date of birth, doctor/clinic name and phone number

OR

Have doctor/clinic complete this form including doctor’s name and telephone number and return form to school

OR

FAX information to _____
School Name

FAX Number

Clinic/Doctor Name

Phone Number