



Unified School District 273
BELOTTI ELEMENTARY SCHOOL

To the Parent or Guardian of: _____

Immunization Requirements for 2020 – 2021 – Preschool

| Vaccine | Requirement |
|--|------------------------------|
| DTaP/DT (diphtheria, tetanus, pertussis) | 5 doses (5th dose age of 4) |
| IPV (polio) | 4 doses (4th dose age of 4) |
| MMR (measels, mumps, rubella) | 2 doses (2nd dose age of 4) |
| Varicella (chickenpox) | 2 doses (2nd dose age of 4)* |
| Hepatitis A | 2 doses |
| Hepatitis B | 3 doses |
| Hib (haemophilus influenza type B) | 4 doses** |
| Prevnar (pneumococcal conjugate) | 4 doses** |

| Notes |
|--|
| <p>* Varicella (chickenpox) vaccine is not required if child has had chickenpox disease and disease is documented by a physician signature. <i>Without a physician signature, vaccine is required even if you believe your child has had chickenpox disease.</i></p> <p>** Total doses needed is dependent upon age of child when doses were received.</p> |

| Additional ACIP Recommended Vaccines not required for Early Childhood Programs |
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| <ul style="list-style-type: none"> • Rotavirus: Three doses recommended for infants less than 8 months of age. • Influenza (flu) vaccine: Annual vaccination is recommended for all those 6 months of age and older. |

Based upon the information in your child's records, he/she still need one or more immunizations to be fully protected against the diseases listed below. Your child must obtain these needed immunization(s). As soon as the immunizations have been completed please have this sheet signed by your doctor or health department and return it to the school.

Please call Mitchell County Health Department at 785-738-5175 to schedule an appointment.

If your child has already received this immunization, please notify the school nurse of the date.

| Vaccine | Number of doses still needed | Date Administered |
|------------------------------------|------------------------------|-------------------|
| DTaP/DT/Td/Tdap | _____ | _____ |
| IPV (polio) | _____ | _____ |
| MMR (measles, mumps, rubella) | _____ | _____ |
| Varicella (chickenpox) | _____ | _____ |
| Hepatitis A | _____ | _____ |
| Hepatitis B | _____ | _____ |
| Hib (haemophilus influenza type B) | _____ | _____ |
| Prevnar (pneumococcal conjugate) | _____ | _____ |

This is to certify that the above name child has received the vaccines indicated.

 Signature of the Physician or Health Department

 Date

*Parents who have questions about these immunization changes may contact
 District School Nurse at 738-3581 or Mitchell County Health Department at 738-5175*