



# NOTIFICATION OF INVALID VACCINATION

## School Immunization Requirement

Dear Parent or Guardian of: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Full Name of Child (PRINT) Child's Date of Birth (mm/dd/yyyy)

Immunization is the best way parents can protect infants, children, and teens from potentially harmful diseases that can cause serious illness, hospitalization, and death. The purpose of this letter is to inform you that one or more of the shots that your child received were invalid.

The Centers for Disease Control and Prevention (CDC) publishes a Recommended Immunization Schedule that explains which vaccinations are recommended for every age group, how many doses of the vaccine are necessary to protect a person from each disease, and how to space out the doses. When doses are given too close together, the body may not have enough time to develop immunity, and the vaccine's effectiveness cannot be assured. To make certain that your child is adequately protected against these vaccine-preventable diseases and meets the immunization requirements for school attendance, your child should be revaccinated with the following:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> DTaP          | <input type="checkbox"/> MMR       |
| <input type="checkbox"/> Hepatitis A   | <input type="checkbox"/> Polio     |
| <input type="checkbox"/> Hepatitis B   | <input type="checkbox"/> Tdap      |
| <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Varicella |

If you have an additional immunization record that documents that your child has been revaccinated after receiving the invalid dose(s), please bring us the record so we can update our files. Otherwise, please provide this form to your child's health care provider and return the completed form to the school no later than: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (one month from today).

Failure to provide this completed form, documentation of revaccination or exemption before the deadline specified above may result in your child being excluded from school in accordance with Idaho Administrative Procedures Act (IDAPA) 16.02.15. In the event of a vaccine-preventable disease outbreak, a child with a Physician's Medical Judgement Waiver may be excluded from school for the duration of the outbreak. Please contact your child's school if you have any questions.

**REVACCINATION (Requires the signature of a licensed healthcare provider AND a copy of the updated record)**

As this child's licensed health care provider, I certify that this child was revaccinated according to CDC's Recommended Immunization Schedule and I have attached an updated copy of the child's immunization record to this form.

\_\_\_\_\_  
Name of Licensed Healthcare Provider (PRINT) Signature of Licensed Healthcare Provider Date

**LABORATORY PROOF OF IMMUNITY (Requires the signature of a licensed physician AND a copy of the lab work)** As this child's physician, I certify the laboratory test results attached to this form demonstrate that this child is immune to the following disease(s): \_\_\_\_\_

Type of test performed: \_\_\_\_\_ Date of test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Name of Physician (PRINT) Signature of Physician Medical License # Date

**PHYSICIAN'S MEDICAL JUDGMENT WAIVER (Requires the signature of a licensed physician)**

According to ACIP recommendations, one or more of the doses of vaccine this child received are considered invalid because the minimum interval and/or age requirements were not met. However, as this child's physician, I certify that in my medical judgment the invalid dose(s) administered to the child do not need to be repeated.

\_\_\_\_\_  
Name of Physician (PRINT) Signature of Physician Medical License # Date