

School: _____

Date: _____

PROVISIONAL ENTRANCE NOTICE

To the Parent/Guardian of: _____ Birth Date: _____ Grade _____

Your child has been allowed to enter school on ____/____/____ on a provisional (temporary) status. According to our records, your child is missing 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.

Certification that the above requirements have been completed must be submitted to the schools **NO LATER THAN** _____. If certification is not received by this date, your child will be excluded from 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 or until the epidemic is over.

If you have any questions, please call the school health aide at _____.

Principal