

School: _____

Date: _____

NOTICE OF EXCLUSION

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

School health laws require that students receive a physical examination and immunizations before entering/attending preschool or school in Hawaii.

According to our records, your child is still 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 school entry.

Your child provisionally entered school on _____ and has been allowed three months to complete the above requirements. The school has not received certification that these health requirements have been met.

Please arrange with your child’s doctor to complete these requirements as soon as possible and provide the school with certification of their fulfillment. **If these requirements are not completed, your child will be denied further attendance at school on _____ (Hawaii Administrative Rules 302A-1162).**

If you have any questions or difficulty meeting these requirements, please call the school health aide at _____.

Principal