

Paradise ISD

NOTICE OF IMMUNIZATION DUE



According to our school records, your child needs, in order to stay in school, the immunizations that are checked:

DT/DTaP
Td/Tdap

Dose#1 _____
Dose#2 _____
Dose#3 _____
Dose#4 _____
Booster _____ (Hasn't had since 4th bday)
Booster _____ (Hasn't had one in 10 years)

IPV/OPV

Dose#1 _____
Dose#2 _____
Dose#3 _____
Booster _____ (Hasn't had since 4th bday)

MMR

Dose#1 _____
Dose#2 _____

Hep B

Dose#1 _____ Dose#2 _____ Dose#3 _____

Varicella

Dose#1 _____ Dose #2 _____
Or
Date of Illness _____

Hep A

Dose#1 _____ Dose#2 _____

Pneumococcal

Dose#1 _____ Dose#2 _____

Meningococcal Vaccine

Dose #1 _____

If your Child, _____ does not have this immunization by _____ he will not be able to attend school. Parent/Guardian will be called to pick child up. *Please send updated shot record to school.