

**ROUND ROCK INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT
PreK-12TH IMMUNIZATION NOTICE 2016-2017**

To The Parents of: _____ Grade: _____ Date of Notice: _____

Your child must meet the minimum state and local immunization requirements for school entrance and/or attendance. Current records indicate the immunizations noted below are needed on or before: _____.

*****Failure to comply will result in withdrawal from school*****

<u>Required Immunizations</u>	<u>Grade</u>	<u>Required Doses</u>
<input type="checkbox"/> DTP/DTaP/DT	PreK	4 doses
<input type="checkbox"/> DTP/DTaP/DT	KG-6th grade	4 doses 4th dose on or after 4th birthday
<input type="checkbox"/> DTP/DTaP/DT/Tdap/Td	7th-12th grade	3 doses 3rd dose on or after 4th birthday plus
<input type="checkbox"/> Tdap/Td	7th grade	1 additional dose within 5 years of last dose of DTP/Tdap/DT
<input type="checkbox"/> DTP/DTaP/DT/Tdap/Td	8th-12th grade	1 dose of Tdap within the last 10 years
<input type="checkbox"/> Polio (IPV / OPV)	PreK	3 doses
<input type="checkbox"/> Polio (IPV / OPV)	KG-12th grade	3 doses 3rd dose on or after 4th birthday
<input type="checkbox"/> MMR	PreK	1 dose on or after 1st birthday
<input type="checkbox"/> MMR	KG-7th grade	2 doses both on or after 1st birthday
<input type="checkbox"/> Measles/MMR	8th-12th grade	2 doses 1 dose must be MMR on or after 1st birthday
<input type="checkbox"/> HIB	PreK	1 dose given on or after 15 months of age
<input type="checkbox"/> Varicella	PreK	1 dose on or after 1st birthday
<input type="checkbox"/> Varicella	KG -12th grade	2 doses both on or after 1st birthday
<input type="checkbox"/> Meningococcal	7th-12th grade	1 dose
<input type="checkbox"/> Pneumococcal (PCV7)	PreK	1 dose on or after 24 months of age
<input type="checkbox"/> Hepatitis A	PreK-7th grade	2 doses both on or after 1st birthday
<input type="checkbox"/> Hepatitis B	All students	3 doses

Please refer all questions to your school nurse at: _____
Campus
Clinic phone number
Campus Fax number

***If these immunizations have been given, by state law, acceptable documentation must include:
month, day and year of immunizations.**

***History and written documentation signed by the parent or guardian of Chickenpox disease is acceptable.**