

SAN LOVENZO VALLEY UNIFIED SCHOOL DISTRICT
DEPARTMENT OF STUDENT SERVICES

H-11b

NOTICE OF IMMUNIZATION REQUIREMENT, Tdap

Date of notice _____

DEAR PARENTS:

For the 2011-12 school year only, all students entering 7th through 12th grades will need proof of an adolescent whooping cough booster shot (Tdap) before starting school in August.

PLEASE TAKE THIS LETTER TO YOUR FAMILY DOCTOR OR CLINIC, OBTAIN DOCUMENTATION OF THE IMMUNIZATION, AND **RETURN IT TO THE SCHOOL OFFICE BEFORE AUGUST 24, 2011**

AFTER THIS DATE, YOUR CHILD WILL NOT BE PERMITTED TO ATTEND SCHOOL IF WE HAVE NOT RECEIVED PROOF OF THE NECESSARY IMMUNIZATIONS.

IMMUNIZATIONS ARE AVAILABLE AT YOUR DOCTOR'S OFFICE OR AT THE CLINICS BELOW:

SANTA CRUZ HEALTH SERVICE AGENCY CLINICS (Call for Appointment/charge)

Santa Cruz Clinic: 1060 Emeline Street, Santa Cruz
(831) 454-4100

REQUIRED IMMUNIZATION: Tdap Booster

Student Name _____

Current School _____

Birthdate _____

School in fall 2011 _____

Medical provider: please provide documentation and date of Tdap Booster below:

Date Tdap given _____ IMMUNIZING DOCTOR OR CLINIC _____

SIGNATURE/STAMP

Entered in CAIR: Yes / No