

**UMATILLA-MORROW HEAD START, INC.  
IMMUNIZATION REVIEW**

Dear Parent/Guardian of: Pedro Estevan

It is the policy of UMCCHS that each child must meet the minimum immunization requirements prior to entry into the program. At enrollment a Certificate of Immunization Status Form (CIS) is completed for each child. In Head Start each child's immunization status is assessed. This letter is to inform you of your child's immunization needs based upon information you reported on the CIS for your child. It has been found that your child presently has the following immunization status:

- Vaccinations are incomplete, missing or "past due". The following vaccinations are needed to bring your child up-to-date:

Diphtheria/Tetanus containing vaccine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Polio vaccine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Haemophilus Influenzae b vaccine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Hepatitis B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
Measles, MR or MMR vaccine	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
Varicella (Chicken Pox)	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
Hepatitis A	<input type="checkbox"/> 1	<input type="checkbox"/> 2			

Child is to be "excluded" from classroom services for missing vaccines:  
 Yes  No Exclusion will take effect, \_\_\_\_\_.

- Your child should receive the following vaccinations on or after the following dates. (Enter the first date child may receive the next vaccine in each series.)

Date <u>other</u>	Diphtheria/Tetanus containing vaccine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
Date <u>other</u>	Polio vaccine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	
Date _____	Haemophilus Influenzae b vaccine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Date _____	Hepatitis B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
Date <u>other</u>	Measles, MR or MMR vaccine	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2			
Date _____	Varicella (Chicken Pox)	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
Date _____	Hepatitis A	<input type="checkbox"/> 1	<input type="checkbox"/> 2			

- An active Medical Exemption is in effect.
- An active Religious Exemption is in effect.
- Immunizations are complete for Kindergarten entry.
- Other, Need prior to Kindergarten entry.

When vaccine schedule is brought "up-to-date", please contact your Home Visitor to update your CIS form.

Immunizations reviewed by, Amy Hendrix Date, 7/9/09