KOKOMO-CENTER TOWNSHIP CONSOLIDATED SCHOOL CORPORATION

Dear Parent of: Birthday: Grade:	Date:
Birthday: Grade:	
Enrollment Date:	
Indiana law requires all children to be completely immunized against so Hepatitis B currently targets younger children; however, it will continue It is the parents' responsibility to provide proof of immunization health department form. Preschool or regular school records a vaccination including month, day, and year must be on the form proof of acceptable documentation. Records must be received.	ion. This <u>must</u> be documented on a doctor or are acceptable for documentation. All dates of rm. It is the parents' responsibility to provide
Requirements by grade level are:	
Newly enrolled in Grade 1 or Kindergarten and less that 7 years of age:	
• 5 doses of DPT or DTaP or DT (4 doses are acceptable if the fourth dose was after the fourth birthday)	
 4 doses of either oral polio vaccine (OPV) or inactivated polio vaccine (IPV) in any combination or 3 doses of all OPV or all IPV are acceptable if the third dose was administered on or after the fourth birthday 	
• 2 doses of measles (rubeola) on or after the first birthday	
1 dose of rubella (German measles) vaccine on or after the first birthday	
1 dose of mumps vaccine on or after the first birthday 3 doses of Henatitis B vaccine—required for all kindergarteners and all first are done.	
 3 doses of Hepatitis B vaccine—required for all kindergarteners and all first graders 2 dose sof Varicella on or after the first birthday (History of disease must be in writing by the parent 	
and must include date of disease)	
Grade 2 or above or 7 years of age and older: 5 doses of DPT, DTaP, Td, or DT	
 4 doses if a combination of OPV AND IPV or 3 doses of either all OPV OR all IPV if 3rd dose given on or after fourth birthday 	
• 2 doses of measles (rubeola) vaccine (First dose must be on or after the first birthday)	
 1 dose of rubella (German measles) vaccine on or after the first birthday 	
• 1 dose of mumps vaccine on or after the first birthday • 3 doses of Henatitis B vaccine for all students envelled in 2 nd grade (who were in first out to	
 3 doses of Hepatitis B vaccine for all students enrolled in 2nd grade (who were in first grade in Indiana last year) and all 9th and 12th graders 	
According to our records, your child needs the immunizations that are	
DPT, DTaP, DT, Td	4 5
MMR (Measles, Mumps, Rubella) 1. 2.	3 4
Hep B 1 2.	3.
Varicella 1 2	
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MCV4 1	
Please return this form and proof of immunization to the school nurse bobtain an appointment before this date, an appointment card from your date is required. Thank you.	by _(20 school days date) If you cannot doctor or health department verifying the appointment
Sincerely,	CIRCLE and DATE ONE:
Kokomo-Center Health Services	NOTICE #1 Day 1
	NOTICE #2 Day 10
	NOTICE #3 Day 15