Fresno County
Superintendent of Schools

Immunization Referral

Dr. Michele Cantwell-Copher
Superintendent

Student's Name: _____

Dear Parent:
According to the school's record, your child's immunization does not meet the requirements as set forth by the Education and Health & Safety Codes.

Please take this form, and your child's immunization record to your child's physician or public health department to get the required immunization as checked below.

Immunizations Needed						Date Given
DtaP	❒ 1	❒ 2	❒ 3	❒ 4	❒ 5	_____
DT	❒ 1	❒ 2	❒ 3	❒ 4	❒ 5	_____
Polio	❒ 1	❒ 2	❒ 3	❒ 4		_____
Chicken Pox *(Varicella)*	❒ 1	❒ 2				_____
PPD	❒ 1					_____
Tdap	❒ 1					_____

Immunizations Needed				Date Given
MMR	❒ 1	❒ 2		_____
HIB	❒ 1			_____
HEP B	❒ 1	❒ 2	❒ 3	_____
HEP A	❒ 1	❒ 2		_____
MCV4	❒ 1			

After immunization has been given, please return this form to the school.

Signature of M.D. or R.N. _____ Date: _____

For additional information, please call _____ on (*nurse available*) ❒ M ❒ T ❒ W ❒ Th ❒ F between the hours of _____ and _____.

SCHOOL STAMP

_____
School Nurse

_____
Date

je 03.10.14

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