## **El Sobrante Christian School**

## **INTERNATIONAL STUDENTS**

| Notice of Immunization Needed  |   | Date:                            |                                 |                                     |                    |  |
|--|---|----------------------------------|---------------------------------|-------------------------------------|--------------------|--|
| Dear Parent/Guardian of:   |   |                                  |                                 |                                     |                    |  |
| Our records show that your child need requirements of the California School Section 120325-120375.   |   |                                  |                                 |                                     |                    |  |
| VACCINE:   | MISSI   | MISSING DOSES ARE CIRCLED BELOW: |                                 |                                     |                    |  |
| Polio  | #1  | #2                               | #3                              | #4                                  |                    |  |
| DTP/DTaP/DT/Td/TDaP  | #1  | #2                               | #3                              | #4                                  | #5                 |  |
| MMR  | #1  | #2                               | #3                              |                                     |                    |  |
| Hepatitis B  | #1  | #2                               | #3                              |                                     |                    |  |
| Varicella (Chickenpox)   | #1  |                                  |                                 |                                     |                    |  |
| Entire Record Missing  |   |                                  |                                 |                                     |                    |  |
| missing immunization(s), bring the r files. Your child's record must includ the doctor's signature or stamps.  Take this form, along with your child your doctor or the local health depar bring your child's updated immuniza | e a date for t<br>'s yellow Cal<br>tment to get | the immu<br>ifornia Ir<br>needed | inization<br>nmuniza<br>immuniz | circled a<br>tion Reco<br>ations(s) | bove and<br>ord to |  |
| If any immunizations were not given please bring us a letter signed by you   | -   | d because                        | e of medi                       | cal reaso                           | ns,                |  |
| According to state law, up-to-date im provided while the child is attending  |   | records f                        | or each c                       | hild mus                            | t be               |  |
| Please provide the requested above b   | oy:   |                                  |                                 |                                     |                    |  |
| If you have any questions or require a   |   |                                  |                                 | call (510                           | 0)                 |  |