



# BEEVILLE

INDEPENDENT SCHOOL DISTRICT  
INSPIRING BOLD INNOVATIVE LEADERS

Christina Hernandez, RN  
District School Nurse  
chernandez@beevilleisd.net

Date: \_\_\_\_\_

Dear Parent or Guardian,

Student Name	Grade	Campus and Phone Number
--------------	-------	-------------------------

Our records indicate that your child is missing the following immunizations or the school is missing an updated copy of their immunization record.

\_\_\_\_\_ Hep B #1  
 \_\_\_\_\_ Hep B #2  
 \_\_\_\_\_ Hep B #3  
 \_\_\_\_\_ DtaP #1  
 \_\_\_\_\_ DtaP #2  
 \_\_\_\_\_ DtaP #3  
 \_\_\_\_\_ DtaP #4  
 \_\_\_\_\_ Dtap #5 (if  
 the 4<sup>th</sup> dose was given  
 BEFORE their 4<sup>th</sup> birthday  
 \_\_\_\_\_ Tdap (7<sup>th</sup>  
 grade booster needed  
 within last 5 yrs)

\_\_\_\_\_ Tdap  
**(8-12<sup>th</sup> grade booster  
 needed within last 10yrs)**  
 \_\_\_\_\_ Polio #1  
 \_\_\_\_\_ Polio #2  
 \_\_\_\_\_ Polio #3  
 \_\_\_\_\_ Polio #4 (if  
 the 3<sup>rd</sup> dose was given  
 BEFORE their 4<sup>th</sup> birthday)  
 \_\_\_\_\_ MMR #1  
 \_\_\_\_\_ MMR #2  
 \_\_\_\_\_ Hep A #1  
 \_\_\_\_\_ Hep A #2

\_\_\_\_\_ Varicella  
 #1 (or certification that  
 they had the disease)  
 \_\_\_\_\_ Varicella #2  
 (or certification that they  
 had the disease)  
 \_\_\_\_\_ Hib (for PK  
 age 15-59months)  
 \_\_\_\_\_ PCV (for PK  
 age 24 to 59 months)  
 \_\_\_\_\_ Meningitis  
 (for 7<sup>th</sup> grade and older)

*\*This form is not an official record of immunizations.*

According Texas state law, students must be up to date with their immunizations, provide official proof of compliance, and/or provide a notarized affidavit of exemption in order to be enrolled in school.

Please provide the school with a copy of the up to date immunization record, or notarized affidavit of exemption, by \_\_\_\_\_, in order to remain enrolled in school.

Please call your campus school nurse, or the BISD District School Nurse at 361-362-6060 extension 2430, if we can help answer any questions or concerns you may have.

**For More information about immunization requirements or where your child can receive immunizations:** Call your child's physician. Alternatively, you can contact your local health department or the nearest DSHS Health Service Regional Office for information.

Visit the Texas Department of State Health Services website at [dshs.texas.gov](http://dshs.texas.gov). Click on "Immunizations Information" under the blue "I'm looking for..." tab.

Thank you,

Christina Hernandez, RN  
District School Nurse BISD



# BEEVILLE

**INDEPENDENT SCHOOL DISTRICT**  
INSPIRING BOLD INNOVATIVE LEADERS

**Christina Hernandez**  
**District RN**

AC Jones Campus  
1902 N. Adams  
Beeville, Texas 78102  
361-362-6000 ext 5085  
chernandez@beevilleisd.net

Fecha: \_\_\_\_\_

Estimado padre o tutor,

\_\_\_\_\_  
Nombre de estudiante

\_\_\_\_\_  
grado

\_\_\_\_\_  
escuela y número de teléfono

Nuestros registros indican que su hijo or hija faltan en las siguientes vacunas o la escuela le falta una copia actualizada de su registro de vacunas.

\_\_\_\_\_ Hep B #1

\_\_\_\_\_ Hep B #2

\_\_\_\_\_ Hep B #3

\_\_\_\_\_ DtaP #1

\_\_\_\_\_ DtaP #2

\_\_\_\_\_ DtaP #3

\_\_\_\_\_ DtaP #4

\_\_\_\_\_ Dtap #5 (if the 4th  
dose was given BEFORE their 4th  
birthday)

\_\_\_\_\_ Tdap (7th grade  
booster needed within last 5 yrs)

\_\_\_\_\_ Tdap (8-12th grade  
booster needed within last 10yrs)

\_\_\_\_\_ Polio #1

\_\_\_\_\_ Polio #2

\_\_\_\_\_ Polio #3

\_\_\_\_\_ Polio #4 (if the 3rd  
dose was given BEFORE their 4th  
birthday)

\_\_\_\_\_ MMR #1

\_\_\_\_\_ MMR #2

\_\_\_\_\_ Hep A #1

\_\_\_\_\_ Hep A #2

\_\_\_\_\_ Varicella #1 (or  
certification that they had the  
disease)

\_\_\_\_\_ Varicella #2 (or  
certification that they had the  
disease)

\_\_\_\_\_ Hib (for PK age 15-  
59months)

\_\_\_\_\_ PCV (for PK age 24 to  
59 months)

\_\_\_\_\_ Meningitis (for 7th  
grade and older)

\*This form is not an official record of immunizations.

Según la ley del estado de Tejas, los estudiantes deben estar al día con sus vacunas y entregar prueba oficial de cumplimiento a la escuela, o proporcionar una declaración jurada notariada de exención para permanecer inscrito en la escuela. Por favor proporciona una copia de la cartilla de vacunación actualizada o declaración jurada notarial de exención, antes su hijo regresar a clase.

Por favor llame a su enfermera escolar o el RN distrito en 361-362-6000 extensión 5085, si podemos responder cualquier pregunta o preocupación que tenga.

Muchas Gracias,

Christina Hernandez, RN