## Rev 10/2017

## CLOVIS UNIFIED SCHOOL DISTRICT NURSING SERVICES

If you have questions or need the help of an interpreter, please call your school office.

Si tiene alguna pregunta o si necesita la ayuda de un interprete, favor de llamar a la oficina de su escuela.

Yog koj muaj lus nug los yog xav tau neeg pab txhais lus, thov hu rau koj lub tsev kawm ntawv.

Date:					
Dear Parent/Guardian,					
All students entering the 7 <sup>th</sup> the Tdap (pertussis) boost		red by California la	w to present document	tation of having received	
Immunizations may be obt If you do not have medica				ıblic Health Department.	
You must present WRITT has received this booster. to this notice and return to	Please attach a copy	of your child's imi	munization record with	h the <b>Tdap</b> Booster date	
Student's Name			Birthdate		
School Temperance-Kutne	er Elementary	Grade	Teacher		
Required for 7th grade  Tdap (pertussis)  If checked below, these ac					
□MMR	Date Given	1	MD office signature		
□ Varicella	Date Given	1	MD office signature		
□ Polio	Date Given	1	MD office signature		
□ DTP/Tdap	Date Given	1	MD office signature		
Please return this notice to please don't hesitate to co				any additional questions,	
Emily Lancaster, R.N.		(559) 327-81	(559) 327-8177		
School Nurse Health Services Assist	ant		Phone # & Fax #		