

**GRAND PRAIRIE INDEPENDENT SCHOOL DISTRICT - HEALTH SERVICES
2007-2008**

DATE _____

STUDENT'S NAME _____

TEACHER/GRADE/SCHOOL _____

According to our records, your child's immunizations are incomplete. Those items checked below need to be completed. Official records from a physician or health clinic are required. Please bring the official records to the school office or school clinic.

TEXAS STATE LAW REQUIRES THE FOLLOWING IMMUNIZATIONS

Diphtheria/Tetanus/ Pertussis	Five doses with one on or after fourth birthday*, unless the fourth dose was received after the fourth birthday*, in which case only four doses are required. Students 7 years and older are required to have at least three doses of a tetanus-diphtheria containing vaccine. One dose of tetanus-diphtheria required within the past ten years.
Polio	Four doses with one dose after the fourth birthday*, unless the third dose was received after the fourth birthday*, in which case only three doses are required.
Rubeola (Measles)	Two doses of vaccine with the first dose on or after the first birthday*
Rubella (German Measles)	One dose of vaccine since the first birthday*
Mumps	One dose of vaccine since the first birthday*
HIB (Haemophilus Influenza) (Through age 4 years)	One dose of vaccine since 15 months of age,* or a series of three doses if one dose received after 12 months of age*
Hepatitis B	Three doses of vaccine
Varicella (Chickenpox) or History of Disease: _____ Date _____ Parent Signature: _____	One dose on or after the first birthday* Parents or physician-validated history of disease is acceptable in lieu of immunization date Two doses if vaccine started after age 13 years
Hepatitis A	24 months through Pre-Kindergarten - Two doses required Kindergarten through 12 th grades, two doses recommended, but not required
Pneumococcal (PCV)	24 months through Pre-Kindergarten – One dose after age 24 months or a minimum of three doses with one after 12 months of age

If you are financially unable to go to your private physician, you may obtain the needed immunizations at the following clinics for a minimal charge. A parent or guardian must accompany any child under 18 years of age.

Please take your immunization records to the clinics.

GRAND PRAIRIE (Dallas County Health Department) Days: 1 st , 2 nd , 3 rd , 4 th Wed. of each month Place: 1413 Densman Call for hours and cost Phone: 972-642-5962	GRAND PRAIRIE (Dallas County Health Department) Place: Grand Prairie Wellness Center - 1710 Small St. Call for hours and cost Phone: 972-266-9123	DALLAS COUNTY HEALTH DEPARTMENT Days: Monday – Friday Place: 2377 N. Stemmons Call for hours and cost Phone: 214-819-2000	ACCENT FAMILY HEALTHCARE Place: 1635 W. Division (at Fielder) Arlington Hours: Call for hours and cost Phone: 817-274-0097	TARRANT COUNTY HEALTH DEPARTMENT Days: Mon. – Fri. (Some Sat.) Place: W. 536 Randol Mill Rd., Arlington, Town North Shopping Center Hours: Call for hours and cost Phone: 817-548-3990
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*Vaccines given four days before the minimum age or interval are acceptable

NOTE: A delay in school enrollment may be necessary if the student has not started or has not continued to receive vaccine doses as they become due. All immunization records must be validated by physician's signature or health clinic stamp. The month, day, and year must be indicated on the record for each immunization received. Exemptions from immunization requirements may be granted on a medical basis or for reasons of conscience. A medical exemption, signed by the physician, is required annually if not otherwise stated by the physician. Exemption for reasons of conscience must be submitted on an affidavit provided by the Texas Department of State Health Services. Exemption for reason of conscience is granted for two years. Exemptions are not recognized in time of epidemics. Students will need to be immunized or cannot attend school in case of an epidemic declared by the Commissioner of Health.

School Nurse: _____

Phone Number: _____