



**La Joya Independent School District
Health Services**

Date: _____

Dear Parents:

State Law requires that all students must be immunized against Diptheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, HibCV, Hepatitis A, Hepatitis B, Varicella, and Meningococcal. Our records show that your son/daughter _____ does not meet the state requirements and needs to be immunized against:

DTP__TD/TDAP__POLIO__MMR__HIB__HEPA__HEPB__VARICELLA__MCV4__PCV__

Your son/daughter has been allowed to enroll at _____ School on the condition that he/she obtain the proper immunizations as soon as possible. Since this has not been done, we are asking that you keep your son/daughter at home beginning _____ until the immunization requirements are completed.

Please send your son/daughter back to school with their completed immunization card as soon as this matter is taken care of.

Thank you,

Principal

School Nurse

Estimados Padres:

Fecha: _____

La ley del estado requiere que todos los estudiantes esten vacunados contra Difteria, Pertusis, Tétano, Polio, Sarampión, Paperas, Rubéola, HibCV, Hepatitis A, Hepatitis B, Varicela y Meningocócica. Nuestros registros indican que su hijo/hija _____ hasta que esté vacunado contra:

DTP__TD/TDAP__POLIO__MMR__HIB__HEPA__HEPB__VARICELLA__MCV4__PCV__

Su hijo/hija ha sido permitido que ingrese en a la escuela _____ con la condición que se vacunara lo más pronto posible. Como no se ha vacunado, no mande a su hijo/hija a la escuela empezando _____ hasta que esté vacunado con las vacunas requeridas por la ley.

Por favor mande a su hijo/hija a la escuela con la tarjeta de vacunas tan pronto como reciba las vacunas requeridas.

Gracias,

Principal

Enfermera Escolar