



Notice of Exclusion for Immunization Noncompliance

[Insert Date]

Dear Parent or Guardian of [Insert Child's Full Name]:

According to our records, your child did not get required vaccinations to attend school. The **Certificate of Immunization Status** we have on file for your child shows the following vaccinations missing:

- | | | | | |
|---------------------------------------|--|--------------------------------------|--|--|
| <input type="checkbox"/> DTaP dose #1 | <input type="checkbox"/> Polio dose #1 | <input type="checkbox"/> MMR dose #1 | <input type="checkbox"/> Hep B dose #1 | <input type="checkbox"/> Varicella dose #1 |
| <input type="checkbox"/> DTaP dose #2 | <input type="checkbox"/> Polio dose #2 | <input type="checkbox"/> MMR dose #2 | <input type="checkbox"/> Hep B dose #2 | <input type="checkbox"/> Varicella dose #2 |
| <input type="checkbox"/> DTaP dose #3 | <input type="checkbox"/> Polio dose #3 | | <input type="checkbox"/> Hep B dose #3 | |
| <input type="checkbox"/> DTaP dose #4 | <input type="checkbox"/> Polio dose #4 | | | |
| <input type="checkbox"/> DTaP dose #5 | | | | |
| <input type="checkbox"/> Tdap dose #1 | | | | |

Other:

Skipping vaccinations or missing vaccine doses makes it more likely that your child can get sick or give an illness to another child.

On [Date], we sent you a letter stating that we could allow your child to temporarily attend school for 30 days on the condition you give us your child's immunization information by [Insert Date]. We did not get the information by this deadline. As a result, your child cannot come to school until we have proof that he or she got proper vaccinations (according to Washington State law RCW 28A.210.080 and rules, WAC 392-380-045 and WAC 246-105-020). This exclusion starts now.

Your child may return to school when you turn in one of the following:

1. Information to update the **Certificate of Immunization Status** we have on file showing your child has received the missing vaccine(s) listed above; **OR**
2. A **Certificate of Exemption** claiming you have medical, personal, or religious reasons for not vaccinating your child.

According to WAC 392-380-050 and WAC 392-400-300, you have the right to appeal our decision to exclude your child from school. To appeal, you must request a hearing from this school district office within ten (10) school business days of getting this letter. If you do not request a hearing within ten (10) school business days, you give up your right to a hearing. You can request a hearing in writing or by asking at the school. A hearing will only decide if your child has had the proper vaccinations, is in the process of getting properly vaccinated, or has a medical, personal, or religious exemption.

You will find enclosed a list of vaccines that Washington children must receive and a copy of applicable Washington state laws and rules.

In Washington, all children 18-years old or younger may get vaccines at low or no cost from their healthcare provider or local health department. Providers may charge an office visit fee

and a fee to give the vaccine, called an administration fee. If you cannot pay the administration fee, ask your provider to waive the cost.

Please call the school right away at [Insert Phone #] for help or more information.

Sincerely,

[INSERT NAME AND TITLE of SCHOOL OR DISTRICT ADMINISTRATOR]

Enclosures:

List of Required Vaccines

Schedule of school business days

RCW 28A.210.120

WAC 246-105-020

WAC 246-105-080

Chapter 392-380 WAC

WAC 392-400-300

WAC 392-400-305