

LOS ANGELES UNIFIED SCHOOL DISTRICT
POLICY BULLETINLos Angeles Unified School District
Medical Services Division

School Name: _____

School Address: _____

NOTICE OF IMMUNIZATION(S) DUE

Dear Parent/Guardian of: _____ ROOM: _____ GRADE: _____ DATE: _____

Our records show that your child needs the following immunization(s) (shots) to meet the requirements of the California Health and Safety Code Section, Division 105, Part 2, Chapter 1, Sections 120325-120380 and the California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 8, Sections 6000-6075 to remain enrolled in school.

MISSING DOSE(S) MARKED BELOW:

Vaccine	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose
Polio (Oral polio vaccine (OPV) doses given on or given after April 1, 2016 do not count)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DTaP (given as Td or Tdap for 7yo & above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tdap (7th - 12th grade)	<input type="checkbox"/>				
MMR (1 st dose must be on or after first birthday)	<input type="checkbox"/>	<input type="checkbox"/>			
Hib (Preschool Only. Ages 15mo-5yrs, must be on or after first birthday)	<input type="checkbox"/>				
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Varicella (chickenpox)	<input type="checkbox"/>	<input type="checkbox"/>			

YOU NEED TO DO ONE OR MORE OF THE FOLLOWING IMMEDIATELY:

1. If your child has already received all these immunizations marked above, bring us the immunization record so that we can update our files. Your child's record must include date/s (mm/dd/yyyy) for the immunizations checked above and the doctor's/clinic's name. If your child has not already received all the immunizations marked above. Bring this form along with your child's immunization record to your doctor or local health department. For students who do not have private insurance coverage, immunizations are available at low cost from the Los Angeles County Department of Health Services. For more information, please call 211 (<https://211la.org>) for the location of free immunization clinics. The school-based immunization clinics (<http://lausd.org/immunizations>) are open during school hours for students without insurance, Medi-Cal recipients, Alaskan or Native American. Please provide the school with a copy of your child's updated immunization record after every immunization visit until all the required immunizations have been received.
2. If any of these immunizations were not given to your child because of medical reasons, please submit a completed medical exemption form issued using the CAIR-Medical Exemption website <https://cair-me.cdph.ca.gov/home> by your child's doctor (MD or DO licensed in California).

According to state law, we cannot allow your child to attend unless we receive evidence that the above requirements are met by this date: Exclusion Date ____/____/____.

For more information on school immunization requirements, visit the [Shots for School](#) website. If you have any questions or require additional information, please call School Phone Number _____

Sincerely,

Principal's Name: _____

Credentialed School Nurse's Name: _____

洛杉磯聯合校區
醫療服務部門

School Name: _____

School Address: _____

應接種疫苗通知

尊敬的家長/監護人：_____ 教室：_____ 年級：_____ 日期：_____

我們的記錄顯示，根據《加州健康與安全法》第 105 編第 2 部第 1 章第 120325-120380 條及《加州法規匯編》第 17 編第 1 部第 4 章第 8 副章第 6000-6075 條的規定，您的孩子需要以下免疫接種（劑數），以繼續在校就讀。

以下標記為未接種的劑次：

疫苗	第一劑	第二劑	第三劑	第四劑	第五劑
小兒麻痺 (OPV 口服式小兒麻痺疫苗 於 2016 年 4 月 1 日或之後接種的劑次不計)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
白喉破傷風非細胞性百日咳混合疫苗 (DTaP) (7 歲及以上接種 Td 或 Tdap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
減量破傷風白喉非細胞性百日咳混合疫苗 (Tdap) (7 至 12 年級)	<input type="checkbox"/>				
麻疹腮腺炎德國麻疹混合疫苗 (MMR) (第一劑須年滿一周歲及以後 接種)	<input type="checkbox"/>	<input type="checkbox"/>			
b 型嗜血桿菌疫苗 (Hib) (僅限學齡前兒童。15 個月至 5 歲，須年滿 一周歲及以後接種)	<input type="checkbox"/>				
B 型肝炎疫苗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
水痘 (Varicella)	<input type="checkbox"/>	<input type="checkbox"/>			

您需要立即執行以下一項或多項措施：

- 如果您的孩子已經接種上述所有標記的疫苗，請將疫苗接種記錄帶給我們，以便我們更新檔案。您孩子的記錄必須包括上述標記疫苗接種的日期（年/月/日）以及醫生/診所的名稱。如果您的孩子尚未接種上述所有標記的疫苗，請攜帶此表格及您孩子的疫苗接種記錄前往您的醫生或當地衛生部門接種。對於沒有私人保險的學生，洛杉磯縣衛生服務部提供低成本的疫苗接種服務。如需瞭解更多資訊，請撥打 211 (<https://211la.org>) 查詢免費疫苗接種診所的位置。學校的免疫接種診所 (<http://lausd.org/immunizations>) 在校上課時間對無保險、Medi-Cal 受益者、阿拉斯加原住民或美洲原住民學生開放。請在每次完成疫苗接種後，向學校提供一份您孩子最新的免疫接種記錄，直到完成所有所需的疫苗接種為止。
- 如果您的孩子由於醫療原因未接種上述任何疫苗，請提交由您孩子的醫生（在加州持有執照的醫學博士 (MD) 或整骨醫學醫師 (DO)）透過 CAIR-Medical Exemption 網站 <https://cair-me.cdph.ca.gov/home> 簽發的完整醫療豁免表格。

根據州法律，若未在此日期前提供符合上述要求的證明，我們將無法允許您的孩子入學：排除日期 ____ / ____ / ____。

如需瞭解有關學校疫苗接種要求的更多資訊，請造訪 [Shots for School](#) 網站。如有任何問題或需要更多資訊，請撥打學校電話號碼

敬上

Principal's Name: _____

Credentialed School Nurse's Name: _____