

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Head Start/ECEAP/EHS IMMUNIZATION THIRTY-DAY NOTICE

Date_____

Child's name_____

Enrollment date_____

Site_____

Room number_____

Dear Parent or Guardian:

Our records show that your child is missing the following required immunizations(s):

- DTP
- POLIO
- MMR
- HEP B
- HIB
- Varicella
- PCV

Washington state immunization laws require every child in a licensed child care facility or preschool to be fully immunized, unless exempt for medical, personal or religious reasons.

Your child will be excluded from attending classes or socializations if his or her immunizations are not up-to-date by:_____

The required immunizations may be obtained from your doctor or health clinic. The phone number for the Spokane Regional Health District's Immunization Clinic is 324-1600.

Please see me or call me at _____ if this information is not correct or if you need help to get the immunization(s) done. Thank you for your cooperation.

Family Service coordinator's name_____

Attachments

- Copy of child's Certificate of Immunization Status
- Required vaccines chart

c: Center manager
Child's file