

CLOVIS UNIFIED SCHOOL DISTRICT  
NURSING SERVICES

If you have questions or need the help of an interpreter, please call your school office.  
Si tiene alguna pregunta o si necesita la ayuda de un interprete, favor de llamar a la oficina de su escuela.  
Yog koj muaj lus nug los yog xav tau neeg pab txhais lus, thov hu rau koj lub tsev kawm ntawv.

Date: \_\_\_\_\_

Dear Parent/Guardian,

All students entering the 7<sup>th</sup> grade are now required by California law to present documentation of having received the Tdap (pertussis) booster.

Immunizations may be obtained from your own private physician or the Fresno County Public Health Department. If you do not have medical insurance and would like assistance you can call 327-7988.

You must present **WRITTEN EVIDENCE** (month/year of the dose) from your doctor or clinic that your child has received this booster. Please attach a copy of your child’s immunization record with the **Tdap** Booster date to this notice and return to the Health Office or take this notice to your doctor or clinic to complete.

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School Temperance-Kutner Elementary Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Required for 7<sup>th</sup> grade

**Tdap (pertussis)** Date Given \_\_\_\_\_ MD office signature \_\_\_\_\_

If checked below, these additional immunizations are required due to previous immunization history and/or age

**MMR** Date Given \_\_\_\_\_ MD office signature \_\_\_\_\_

**Varicella** Date Given \_\_\_\_\_ MD office signature \_\_\_\_\_

**Polio** Date Given \_\_\_\_\_ MD office signature \_\_\_\_\_

**DTP/Tdap** Date Given \_\_\_\_\_ MD office signature \_\_\_\_\_

Please return this notice to me when the indicated immunization is received. If you have any additional questions, please don’t hesitate to contact me at the phone number(s) listed below.

Kam Villarama, RN, BSN \_\_\_\_\_

(559) 327-8177 \_\_\_\_\_

- School Nurse
- Health Services Assistant

Health Office Phone # & Fax #