

**DIOCESE OF DALLAS
IMMUNIZATION DEFICIENCY FORM**

To The Parents Of _____ Date _____

Our records are as of _____ and indicate that your child is in grade _____

and needs the immunizations described below to attend school.

IMMUNIZATIONS REQUIREMENTS ARE INDICATED BY CHECKED BOXES

DTP/DTaP/DT/Td #1 #2 #3 #4 after 4TH B-day #5 in past 10 yrs.

POLIO #1 #2 #3 #4 (after 4th birthday)

MEASLES #1 (after 1st birthday) #2 (5+ yrs. Born on or after 9/2/91) #2 (before 12th B-day born prior to 9/2/91)

MUMPS #1 (after 1st birthday)

RUBELLA #1 (after 1st birthday)

HibCV #1 (Last given between 15 months up to, but not including 5 years of age.)

HEPATITIS B #1 #2 #3 (5 years or older born on or after 9/2/92)
(12 yrs. Or older born on or after 9/2/88, but not before 9/2/92)

VARICELLA #1 (5 years or older born on or after 9/2/92)
(Chicken Pox*) (12 yrs. Or older born on or after 9/2/88, but not before 9/2/92)
*Required if the student has not had Chicken Pox. If the student has had Chicken Pox, then send a letter stating the month and year of the illness.

WE HAVE NO RECORD OF ANY IMMUNIZATION.

If your child has completed the immunizations, please submit the *Official Record of Immunization* to the school. If not, immunization forms may be obtained from your private physician or a neighborhood public health clinic.

RETURN TO: _____