

**[SAMPLE] LETTER TO PARENT OF CHILD WHO NEEDS VACCINES**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Our records show that your child may not be immunized as required by New Hampshire law. See the chart below for vaccines that are required for school enrollment in New Hampshire. The dose(s) circled are the vaccines your child needs.

<p align="center"><b>Diphtheria, Tetanus, and Pertussis DTaP DT/DTP Tdap/Td</b></p>	<p><b>6 years and under:</b> 4 or 5 doses with the last dose given on or after the 4<sup>th</sup> birthday  <b>7 years and older:</b> 3, 4, or 5 doses with the last dose given on or after the 4<sup>th</sup> birthday  <b>Grades 7-12:</b> 1 dose of Tdap is required for entry into 7<sup>th</sup> grade</p>
<p align="center"><b>Polio</b></p>	<p><b>Grades K-11:</b> 3 or 4 doses with the last dose given on or after the 4<sup>th</sup> birthday and the last 2 doses separated by 6 months or more  <b>Grade 12:</b> 3 doses, with the last dose given on or after the 4<sup>th</sup> birthday  OR 4 doses regardless of age at administration</p>
<p align="center"><b>Hepatitis B</b></p>	<p><b>Grades K-12:</b> 3 doses at acceptable intervals</p>
<p align="center"><b>Measles, Mumps, and Rubella MMR</b></p>	<p><b>Grades K-12:</b> 2 doses; the first dose must be administered on or after the 1<sup>st</sup> birthday</p>
<p align="center"><b>Varicella (Chicken Pox)</b></p>	<p><b>Grades K-12:</b> 2 doses with the first dose administered on or after the 1<sup>st</sup> birthday OR laboratory confirmation of immunity. History of natural immunity without lab confirmation of immunity is NOT acceptable.</p>

**Check one of the boxes below and return to the School by \_\_\_\_\_ (date).**

- My child has an appointment on \_\_\_\_\_ (date) to receive the necessary vaccines and I will submit an updated immunization record from my child care provider.
- My child has already received the vaccine(s) indicated & I have attached the updated immunization record.
- My child has a medical or religious exemption to the vaccine(s) indicated and I have provided/will provide the appropriate documentation to my school.

**Note:** Your child may be excluded from school if appropriate and current documentation is not received. Thank you for helping us to keep children, families, and communities free of vaccine-preventable diseases! If you have questions, please call us at [SCHOOL CONTACT] or the NH Immunization Program at 603-271-4482.

Sincerely, [SCHOOL NAME]