

**SAMPLE**  
(Regarding School Entry)

<District Letterhead>

<Date>

Dear Parent/Guardian of \_\_\_\_\_:

According to Delaware laws and regulations, all children entering school for the first time are required to have proof on file of the following:

**Immunizations<sup>1</sup>**

- 5 or more doses of DTaP or DTP Td vaccine (unless 4th dose was given after the 4th birthday)
- 4 doses of IPV or OPV (unless the 3rd dose was given after the 4th birthday)
- 3 doses of Hepatitis B vaccine
- 2 doses of measles, mumps and rubella vaccine
- 2 doses of Varicella or a written disease history by a licensed healthcare provider
- In August 2016, entering 9<sup>th</sup> Graders must additionally have 1 dose Tdap (adult booster) and 1 dose meningococcal<sup>2</sup> (In 8/2017 - Grades 9 & 10; in 8/2018 - Grades 9 - 11; 8/2018 - Grades 9 – 12)

**Health Examination<sup>3</sup>**

- Current, within the two years prior to school entry **and** entry to 9<sup>th</sup> Grade (30 days from entry into 9<sup>th</sup> Grade)

**Tuberculosis<sup>4</sup>**

- Results of Mantoux or risk assessment completed **within 12 months prior to school entry**

**Lead blood test<sup>5</sup>**

- Documentation of test for children entering kindergarten or pre-school program (60 days from enrollment)

**YOUR STUDENT IS MISSING THE ITEMS CIRCLED BELOW:**

<b><u>DTAP</u></b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup>	<b><u>IPV</u></b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup>	<b><u>HEPB</u></b> 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup>	<b><u>MMR</u></b> 1 <sup>st</sup> 2 <sup>nd</sup>
<b><u>VAR</u></b> 1 <sup>st</sup> 2 <sup>nd</sup>	<b><u>PHYSICAL</u></b>	<b><u>TB</u></b>	<b><u>LEAD</u></b>

Beginning with the date of this letter, you have a period of (14) calendar day<sup>6</sup> to produce evidence to the school that the basic series of immunizations has been initiated or completed. Please make every effort to resolve this problem as soon as possible so your student's education will not be interrupted.

Please provide the school nurse with the necessary information. We appreciate your cooperation in complying with the law.

Sincerely,  
(Superintendent)

School: \_\_\_\_\_

Nurse: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

<sup>1</sup> Department of Education Regulation 804

<sup>2</sup> DPH recommends Tdap and meningococcal at age 11-12

<sup>3</sup> Department of Education Regulation 815

<sup>4</sup> Department of Education Regulation 805

<sup>5</sup> Delaware Code, Title 16, Chapter 26

<sup>6</sup> Children of active military duty have 30 days

