

EXCLUSION NOTICE

RDS High School
1260 Arrowhead Court, Crown Point, IN 46307
Phone: 219-663-4885 Fax: 219-662-5661

05/04/11

Judy Bysmith
1260 Arrowhead Ct.
Crown Point IN 46307

Requirements Not Met
5 doses DTaP/DTP/DT/Td 1 dose Tdap on/after 10th bd 5 doses HIB

Our records, shown below, indicate that your child may not have received one or more of the immunizations required by the Indiana State Department of Health. Indiana code regarding requirements and permissible objections is attached for your reference.

0140058 Bysmith, Sam Birthdate: 04-14-95 Age: 16 as of today's date

Immunization	Record of Immunizations					
DPT	07-03-95	12-12-95	04-11-96	06-26-97	08-08-00	
DT						
TET						
Td						
Tdap	01-05-11					
Polio	07-03-95	12-12-95	04-11-96	08-08-00		
IPV						
Measles	04-11-96	08-08-00				Medical
Mumps	04-11-96	08-08-00				Medical
Rubella	04-11-96	08-08-00				Medical
Hepatitis B	04-16-95	07-03-95	12-12-95			
*Varicella	06-26-97					Disease
HIB	07-03-95	12-12-95	04-11-96	06-26-97		
Prevnar						
MCV4	01-05-11					
MPSV4						
Hepatitis A						
HPV						
DTaP						

*In lieu of immunization, provide month and year of occurrence of disease (chicken pox) and Parent/Guardian signature.

Chicken Pox Date _____
(Month/Year) Parent Signature

Please return one of the following to the school nurse:

1. Documentation of date(s) of immunization(s), verified by your doctor or the county health department.
2. Physician certified medical exemption
3. Written religious objection (to be submitted annually)

Your child will be excluded from school beginning 09/30/11 if the above requirements are not met.

Please contact the school nurse for additional information.

Dr. Eric Ban
Principal