

LEXINGTON PUBLIC SCHOOLS
Lexington, Massachusetts

Dear Parent/Guardian:

The immunization laws of the Commonwealth of Massachusetts require the following for entering Grades 1-12 beginning in **September 2005**.

DTP	A series of 4 doses.
Td BOOSTER	Required to enter Grades 7-12, if it has been 5 or more years since last dose.
POLIO	A series of 3 or more doses.
MMR	(Measles, mumps, rubella) - 1st dose must be after age 1.
MEASLES	Second dose required to enter Grades 1-12.
	Disease - must submit laboratory evidence of immunity.
HEPATITIS B	A series of 3 doses required to enter Grades 1-12.
VARIVAX	(Chicken Pox) Required to enter Grades 1-12. One dose before age 13.
	Two doses required after age 13.
	Disease - must be verified by your doctor in writing .

Please submit this form to your family physician to obtain written evidence of the required immunization(s).

This completed form should be returned to the school nurse NO LATER THAN _____.

Sincerely yours,

School Nurse

IMMUNIZATION CERTIFICATE

NAME _____ Grade _____ SCHOOL _____

Immunization date(s) missing from this student's health record are indicated below. Please supply the necessary dates (**month, day, and year**).

1 2 3 4 5 6

DTP/Td _____

POLIO _____

HepB _____

MMR _____

Varicella
Vaccine _____

Disease _____

Tb-Mantoux _____

Other _____

Lead Screening _____ **Result** _____

Physician's Signature

Date

Telephone Number

Return to:

Katherine Johnson RN BSN

Estabrook School Nurse

117 Grove Street

Lexington, Ma 02420