ROUND ROCK INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT
PreK-12TH IMMUNIZATION NOTICE 2020-2021

To The Parents of: _____Grade: _____ Date of Notice: _____

Your child must meet the minimum state and local immunization requirements for school entrance and/or attendance. Current records indicate the immunizations noted below are needed on or before:_____.

Required Immunizations	Grade	Required Doses
☐ **DTP/DTaP/DT**	**PreK**	**4 doses**
☐ **DTP/DTaP/DT**	**K-6th grade**	**4 doses** 4th dose received on or after 4th birthday
☐ **DTP/DTaP/DT/Tdap/Td**	**7th-12th grade**	**3 doses** 3rd dose received on or after 4th birthday **plus**
☐ **Tdap/Td**	**7th grade**	**1 additional dose** within **5** years of last dose of DTP/Tdap/DT
☐ **DTP/DTaP/DT/Tdap/Td**	**8th-12th grade**	**1 dose of Tdap** received within the last 10 years
☐ **Polio (IPV / OPV)**	**PreK**	**3 doses**
☐ **Polio (IPV / OPV)**	**K-12th grade**	**3 doses** 3rd dose received on or after 4th birthday
☐ **MMR**	**PreK**	**1st dose** received on or after 1st birthday
☐ **MMR**	**K-12th grade**	**2 doses** both received on or after 1st birthday
☐ **HIB**	**PreK**	**1 dose** received on or after 15 months of age
☐ **Varicella**	**PreK**	**1st dose** received on or after 1st birthday
☐ **Varicella**	**K -12th grade**	**2 doses** both received on or after 1st birthday
☐ **Meningococcal**	**7th-12th grade**	**1 dose** received on or after the 11th birthday
☐ **Pneumococcal (PCV13)**	**PreK**	**1 dose** on or after 24 months of age
☐ **Hepatitis A**	**PreK-11th grade**	**2 doses** both received on or after 1st birthday
☐ **Hepatitis B**	**All students**	**3 doses**

Please refer all questions to your school nurse at: _____
Campus Clinic phone number Campus Fax number

If these immunizations have been given, by state law, acceptable documentation must include: month, day and year of immunizations.

History and written documentation signed by the parent or guardian of Chickenpox disease is acceptable.

White copy - parent/guardian *Yellow copy - Nurse*