



LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756
Success for Every Student



Dr. Donald Sturz
 Assistant Superintendent for Pupil Services
 (516)434-7040
 Fax: (516)434-7090

To the Parents of: _____

I would like to make you aware that your daughter/son's immunization requirements are **incomplete** and need to be updated. Your child is in danger of being excluded from school if these requirements are not met.

- 1) IPV/OPV (3-4 required) # _____ Due _____
- 2) DTP/DTaP (4-5 required) # _____ Due _____
- 3) MMR (2 required) # _____ Due _____
- 4) HIB # _____ Due _____
- 5) HEP B (3 required) # _____ Due _____
- 6) VARICELLA(2 required) # _____ Due _____ GRADE K,1, 2, 6, 7 & 8
- 7) Tdap (1 req.by age 11)) # _____ Due _____

Very truly yours,

_____,RN

PLEASE RETURN THIS SECTION TO THE SCHOOL NURSE.
THIS MUST BE SIGNED AND STAMPED BY A PHYSICIAN.

Date of IPV Booster _____

Date of DTP Booster _____

Date of MMR Booster _____

Date of HIB Booster _____

Date of HEP B _____

Date of VARICELLA Booster _____

Date of Tdap Booster _____

 Child's Name

 Physician's Signature with stamp