

30-Day Conditional Enrollment Notice

Date:

To the legally responsible individual of _____,

The purpose of this letter is to inform you that in review of your student/child's immunization record, we have noticed that we did not receive all or some of the required immunization records for school/child care entry. This information is required by the Utah Statutory Code 53G-9-302. Therefore, we have placed your student/child on a conditional enrollment status in accordance with Utah Statutory Code 53G-9-308. This means that you have 30 calendar days to provide proof of immunizations, an exemption form, or proof of immunity from diseases for which vaccines are required to the school/child care facility your student/child attends. Please provide this information to us by _____. Your student/child **is** allowed to attend school/child care during the **30 day** calendar day conditional enrollment period.

Your child is missing the following immunization(s):

- DTaP (D=Diphtheria, Tetanus, and Pertussis)
- Tdap
- Polio
- MMR (Measles, Mumps, Rubella)
- Hepatitis A
- Hepatitis B
- Haemophilus influenzae type b (Hib)
- Varicella (chickenpox)
- Pneumococcal
- Meningococcal
- No immunization record

Possible places to take your child to receive the missing required immunization(s) include: his/her healthcare provider, your local health department immunization clinic, or your local pharmacy.

If you want to obtain a vaccination exemption form, you must either complete the on-line Utah exemption module at immunize.utah.gov and print the vaccination exemption form after completion, or visit your local health department to obtain an exemption form for your child. You may have to pay a fee, if you choose to complete the exemption form in person from a local health department. A copy of the exemption form must be presented to the school/child care facility. For a medical exemption from vaccination, you must present to the school/child care facility a completed vaccination exemption form **and** a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health.

If your child has immunity against the disease for which the vaccination is required because your child previously contracted the disease, you need to provide the school/child care facility a document from a healthcare provider verifying that.

If we don't receive the above information from you by the date indicated previously, we will be forced to exclude your child from attendance in school/child care facility under the Utah Statutory Code 53G-9-308. If you have any questions or concerns, please contact us at (telephone number).

Sincerely,

Name

Title (Principal/director/Nurse/secretary designated by the school or child care Principal/director)