**Notice of Exclusion for Immunization Noncompliance**  
**(Private Schools/Child Care Centers)**

[Insert Date]

Dear Parent or Guardian of [Insert Child’s Full Name]:

According to our records, your child does not have documentation of the required immunizations they need for [school/child care] and is not eligible for conditional status attendance.

As a result, **your child cannot come to [school/child care] until immunization documentation has been given to us.** This is according to the laws under the Revised Code of Washington (RCW) 28A.210.080 and Washington Administrative Codes (WAC) 392-380-045 and 246-105-020. **Your child’s exclusion from [school/child care] starts now.**

Skipping vaccinations or missing vaccine doses makes it more likely that your child can get sick or spread an illness to another child.

**Which vaccinations does my child need to get?**

The Certificate of Immunization Status we have on file for your child is missing the following vaccinations:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐ DTaP dose #1 | ☐Polio dose #1 | ☐ MMR dose #1 | ☐Hep B dose #1 | ☐ Hib dose #1 | ☐ PCV dose #1 |
| ☐ DTaP dose #2 | ☐ Polio dose #2 | ☐ MMR dose #2 | ☐ Hep B dose #2 | ☐ Hib dose #2 | ☐ PCV dose #1 |
| ☐ DTaP dose #3 | ☐ Polio dose #3 |  | ☐ Hep B dose #3 | ☐ Hib dose #3 | ☐ PCV dose #3 |
| ☐ DTaP dose #4 | ☐Polio dose #4 | ☐ Varicella dose #1 |  | ☐ Hib dose #4 | ☐ PCV dose #4 |
| ☐ DTaP dose #5 |  | ☐ Varicella dose #2 |  |  |  |
| ☐ Tdap booster |  |  |  |  |  |

☐ Other:

**When can my child return to [school/child care]?**

Your child may return to [school/child care] when you turn in **one of the following**:

1. Medical vaccination records showing your child has received the missing vaccine(s) listed above.
2. Documentation by a health care provider that your child is immune to the disease either by a laboratory blood test or history of having had the disease.
3. A completed Certificate of Exemption form claiming you have medical, personal, or religious reasons for not vaccinating your child.

**What do vaccines cost?**

In Washington state, all children 18 years of age and younger can get vaccines **at no cost** from a clinic participating in the Childhood Vaccine Program (CVP). Clinics can charge an administration fee but you can ask to have it waived if you can’t pay it. Find CVP clinics by using this vaccine map at <https://fortress.wa.gov/doh/vaccinemap> . For more information contact the [LOCAL HEALTH DEPARTMENT NAME AND PHONE #].

**Where do I get more information? Where do I get forms?**

For more information about immunization requirements, including web links to the forms mentioned above, visit [www.doh.wa.gov/vaxtoschool](https://doh.wa.gov/community-and-environment/schools/immunization/families).

Enclosed with this letter are documents on the immunizations required for [school/child care] entry in Washington state and a copy of applicable Washington state laws and rules.

If you need help or want more information about where to get vaccines, please call [the school/child care] at [Insert Phone #] during [business hours].

Sincerely,

[INSERT NAME AND TITLE of SCHOOL OR DISTRICT ADMINISTRATOR/CHILD CARE ADMINISTRATOR]

Enclosures:

List of Required Vaccines

Schedule of school business days

RCW [28A.210.080](http://app.leg.wa.gov/RCW/default.aspx?cite=28A.210.080)

RCW [28A.210.120](https://app.leg.wa.gov/rcw/default.aspx?cite=28A.210.120)

WAC [246-105-020](https://app.leg.wa.gov/wac/default.aspx?cite=246-105-020)

WAC [246-105-080](https://app.leg.wa.gov/wac/default.aspx?cite=246-105-080)

WAC [180-38-045](https://app.leg.wa.gov/wac/default.aspx?cite=180-38-045)

WAC [180-38-050](https://app.leg.wa.gov/wac/default.aspx?cite=180-38-050)