

LEXINGTON PUBLIC SCHOOLS
Lexington, Massachusetts

Dear Parent/Guardian:

The immunization laws of the Commonwealth of Massachusetts require the following for entering Kindergarten beginning in **September 2005**.

- DTP A series of 5 doses.
- POLIO A series of 4 doses.
- MMR (Measles, mumps, rubella) 2 doses- 1st dose must be after age 1.
Disease - must submit laboratory evidence of immunity.
- HEPATITIS B A series of 3 doses required to enter Grades K-12.
- VARIVAX (Chicken Pox) One dose required.
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