

Tdap Immunization Requirement

Tetanus, diphtheria, and pertussis (Tdap) vaccination for 6th graders or 7th graders who did not receive Tdap at 6th grade due to being younger than 11 at start of 6th grade or less than 5 years since last tetanus containing vaccine at start of 6th grade.

Dear Parent/Guardian:

A new vaccine is available that can protect adolescents against tetanus, diphtheria, and pertussis (Tdap). The Tdap vaccine is recommended for all children aged 11 years and older. This vaccine should replace one tetanus-diphtheria (Td) booster.

Starting July 1, 2007, children attending sixth grade are required to show proof of Tdap vaccination if it has been five years since receiving a tetanus-containing vaccine (DTaP, DT, or Td).

Complete your child's Certificate of Immunization Status (CIS) form by sending in the following information:

- The date your child received one dose of tetanus, diphtheria, and pertussis (Tdap) vaccine (see the below sample chart), or
- Philosophical, religious or medical exemption.

Immunization	Date Given		
	Month	Day	Year
(DTaP or Td in last 5 years)			
Tdap			

Please remember, your child's school must have updated documentation of all immunizations before the first day of school in fall 2009 A health check-up that includes vaccinations is recommended for all children aged 11-12 years. Schedule your child's check-up appointment at least one month before school starts to make sure they get the vaccinations needed for school. The Tdap vaccine is made by two different manufacturers. Boostrix makes a Tdap for ages 10 – 18 years of age and Adacel makes one for 11 – 64 years of age.

Talk to your child's doctor, nurse, or clinic for more information on the Tdap vaccine, or visit: www.doh.wa.gov/cfh/immunize/adolescent.htm.

Sincerely,
Michelle Zaleski, RN, Health Coordinator

Please indicate below and return this notice:

Student: _____ Doctor/Clinic: _____

Tahoma School District No. 409

New Immunization Requirement
Varicella (Chickenpox)

Dear Parent/Guardian:

Chickenpox (varicella) is more than just an itchy rash. It is one of the most common childhood illnesses. It spreads easily and can have serious complications especially for infants, adolescents and adults. Chickenpox can lead to serious skin infections, pneumonia, meningitis, and even death. Even in milder cases of chickenpox, it is uncomfortable and difficult to treat itchiness and there is a potential for scarring. The Washington State Board of Health has adopted a change to add immunity to varicella as a requirement for students who attend school and licensed child care that began 7/1/06.

Children affected by this requirement are:

1. Children 19 months of age up to Kindergarten entry attending **licensed child care or preschools** beginning July 1, 2006 are required to have **1 dose of Varicella**.
2. Children attending **Kindergarten, First & Second grade** in school year 2009/2010 are required to have **2 doses Varicella**.
3. Children attending **6th grade** in school year 2009/2010 are required to have **1 dose of Varicella**.

You child can meet this requirement by documenting one of the following on the Certificate of Immunization Status Form (CIS):

1. The date (month, day, and year) your child received one dose of varicella vaccine. **The vaccine needs to have been given on or after the child's first birthday.**
2. History of chickenpox disease and approximate date or age at the time of disease.
3. Report of a blood test indicating that the child is immune.
4. Philosophical, religious or medical exemption.

Please make sure you update your child's CIS form BEFORE the first day of school in Fall 2009. Your child may not begin school without this necessary information.

Please contact you health care provider or local health department to make an appointment for your child to receive the varicella vaccine or contact your child's school nurse if you have questions or would like further information.

Sincerely,
Michelle Zaleski, RN, Health Coordinator

Please indicate below and return this notice

Student Name: _____ Varicella vaccine date _____

Chickenpox disease date or positive titer from doctor _____

Varicella vaccine date: _____ Chickenpox disease date: _____