HS00074 Rev. 7/22

## HEPATITIS B INTERVAL LETTER

Health Services Department Lincoln Public Schools • Lincoln, Nebraska

Student Name	Date
Student ID	
In reviewing your student's immunization record the minimum interval requirements to achieve of	I, your student may not be fully immunized. Your student does not meet ptimal immunity from Hepatitis B.
· · · · · · · · · · · · · · · · · · ·	re provider to discuss your student's Hepatitis B vaccination record. If ary care physician, there are resources available in the community. Please
	munization on your student's school attendance, although in the event of nunized/under-immunized students may be excluded from school.
	ated immunization records. A copy of your student's school immunization se if you have any questions or need assistance.
Thank you,	
School Nurse	Phone Number