HS0074 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, your student net the minimum interval requirements to achieve optimal immunity                                  |              |
| We recommend that you contact your healthcare provider to disyou do not have insurance, Medicaid, or a primary care physicial contact your school health office. |              |
| There is no immediate impact regarding this immunization on you an outbreak of a communicable disease, unimmunized/under-in-                                     |              |
| Please provide the school health office any updated immunizati record is attached. Please call your School Nurse if you have ar                                  | • • •        |
| Thank you,   |              |
|  |              |
| School Nurse   | Phone Number |