

IMMUNIZATION EXCLUSION LETTER
Health Services Department
Lincoln Public Schools • Lincoln, Nebraska

TO THE PARENT/GUARDIAN OF:

Date: _____

Name: _____

Student Number: _____

Address: _____

Dear Parent/Guardian:

According to our records, your child does not meet the immunization requirements for school attendance. Needed immunizations are highlighted on the following page.

You are hereby notified that your child is excluded from school beginning _____ until compliance is demonstrated by submitting one of the following:

- Record of the required immunization(s);
- Signed/completed medical or religious waiver;
- Laboratory evidence of immunity to measles, mumps, or rubella; or
- Documentation that the series of immunizations, if appropriate, has been initiated with subsequent scheduling the remainder of the series for completions as rapidly as is medically feasible.

Immunizations may be received from your private medical provider of choice, or in the event that insurance or Medicaid is not available to you at this time, immunizations can be obtained at the Lincoln-Lancaster County Health Department (402-441-8065).

**Your immediate attention to this important matter is appreciated.
Please contact the school if you have any questions.**

School Nurse: _____ Administrator: _____

Phone: _____