



Immunization Exclusion Policy

Print Form

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Date: _____ School: _____

Dear Parent/Guardian,

This letter is to inform you that your child: _____
will be excluded from school for failure to meet the State of Alaska’s minimum
immunization requirement. The exclusion date for your child is: _____.

We previously notified you of this requirement and the immunization(s) which are needed for
your child to be in compliance.

Your child may have had immunizations given in the past that we do not have on record.
Please check with your health care provider or local health department if you think this may
be the case.

In order for your child to return to school, you must present a record signed by a physician,
health care provider or public health nurse, indicating the date of the immunization(s) listed
below have been given.

Principal Signature

School Nurse Signature

IMMUNIZATION(S) NEEDED:

Dtap/TDap	Polio	MMR	Hep A	Hep B	Varicella	Other
<i>Due:</i>	<i>Due:</i>	<i>Due:</i>	<i>Due:</i>	<i>Due:</i>	<i>Due:</i>	<i>Due:</i>