



Pajaro Valley Unified School District
Department of Special Services
294 Green Valley Road, Watsonville, CA 95076

NOTICE OF IMMUNIZATION REQUIREMENTS for 7th GRADE ENTRY

DEAR PARENTS:

Date of notice _____

Students who will be entering 7th grade need proof of Tdap (whooping cough booster shot) and a second MMR before the start of the next school year.

Additional Reminder: California requires ages 13-17 to have two doses of varicella (Chicken pox) vaccine. If your student has only one dose, please obtain the 2nd (and last) dose; and If a student has had chicken pox or a history of a rash illness that is consistent with chicken pox, the child will need a written statement documenting the medical exemption.

Please take this letter to your family doctor or clinic. Obtain documentation of current immunizations. Return the form to your school office as soon as possible. It must be received before your child begins 7th grade. When school starts in August, your child will not be permitted to attend school if we have not received proof of the necessary immunizations.

If your child has a current Personal Belief Exemption, it is not valid for entering 7th grade. Medical exemptions only will be accepted. This means a letter must be completed by a physician, specifying which vaccines are being exempted and for how long. Without a medical exemption, all vaccines required for school attendance are due.

IMMUNIZATIONS ARE AVAILABLE AT YOUR DOCTOR'S OFFICE OR AT THE CLINICS BELOW:

SANTA CRUZ HEALTH SERVICE AGENCY CLINICS (Call for Appointment/charge)

Watsonville Clinic 9 Crestview Drive, Watsonville (831) 763-8400

Santa Cruz Clinic: 1080 Emeline Street, Santa Cruz (831) 454-4100

SALUD PARA LA GENTE CLINICS: Main number: (831) 728-0222
PVUSD School-based Clinics Call 818- 8398 for appointment/locations

- REQUIRED IMMUNIZATION(S): [X] Tdap booster on or after 7th birthday
[] MMR booster on or after 1st birthday
[] 2nd dose Varicella for 13-17 year olds

Other vaccines due: _____

Student Name: _____ Current School: _____

Birthdate: _____ School in 7th grade: _____

Medical provider: Please provide documentation and date of required vaccine(s):

Date Tdap given: _____ Date 2nd Varicella given: _____

2nd MMR given : _____ Others: _____

Clinic or Provider SIGNATURE/STAMP

[Empty rounded rectangular box for signature/stamp]