



Notification of Vaccination Letter

Dear School Nurse

have informati	on about the vaccines we administe	student. We want to make certain that yourered so you can update your student's nave any questions about this information.
	student (or parent/guardian) with a written re nation about the vaccine(s) we administered	cord of the vaccination(s) given. in the state immunization information system. Patient's birthdate
For a child, parent/guardian name	is/are check	Parent/guardian birthdate (MM/DD/YR) ked below.
VACCINES ADMINISTERED Hepatitis B (Engerix-B; Recombivax HB) DOSE (circle one): 0.5 mL 1.0 mL DTaP (age 6 yrs and younger) DTaP-HepB-IPV (Pediarix) DTaP-IPV/(Kinrix, Quadracel) DTaP-IPV/Hib (Pentacel) DT (through age 6 yrs) Tdap (age 7 yrs and older) Td (age 7 yrs and older) Hib (monovalent) ActHIB Hiberix PedvaxHIB Hib-HepB (Comvax) Hib-MenCY (MenHibrix)	Pneumococcal PCV13 (Prevnar 13 [conjugate]) PPSV23 (Pneumovax 23 [polysaccharide]) Rotavirus RV1 (Rotarix) RV5 (RotaTeq) IPV (Polio) MMR Varicella (chickenpox) (Varivax) MMRV (ProQuad) Hepatitis A (Havrix; Vaqta) DOSE (circle one): 0.5 mL 1.0 mL HepA-HepB (Twinrix)	Human papillomavirus (HPV) HPV2 (Cervarix) HPV4 (Gardasil) HPV9 (Gardasil 9) Meningococcal MenACWY (MCV4) (Menactra, Menveo [conjugate]) MPSV4 (Menomune [polysaccharide]) MenB (Bexsero, Trumenba [protein]) Influenza BRAND DOSE (mL) ROUTE (circle one): IM ID NAS Zoster (shingles) (Zostavax)

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