
(Date)

Dear Parent/Guardian:

This is to remind you that _____ has not met the requirements of the Maine
(Student Name)
State School Immunization Law (20-A MRSA §§6352-6358). According to the school's records
your child needs the following immunizations (or proof of disease):

Check All That Are Needed	Immunization Requirements	# of Doses Needed
	DTaP	
	IPV (Polio series)	
	Varicella (Chickenpox) or Proof of Illness	
	MMR (Measles, Mumps & Rubella	

For your child to meet the state immunization requirements for school attendance they must show proof of immunization or proof of disease by _____ (end of 90 day grace period).

A child who does not meet the immunization/immunity requirement may be excluded from school except under the following circumstances:

1. The parent (or child) presents to the school a physician's written statement that immunization against one or more of the diseases may be medically inadvisable. (Once on file, it is not necessary to renew each year).
2. The parent states in writing each year an opposition to immunization because of a sincere religious belief or for philosophical reasons.

*This must be provided to the school by the following date: _____.

If there are questions in this matter, please feel free to contact:

_____ at _____
(School Nurse) (Phone Number)

Thank you for your cooperation.