**[[DATE]]**

Dear Parent or Guardian of **[[STUDENT NAME]]**,

To protect the health and wellness of all students, District of Columbia law requires that all students attending school in the District provide up to date immunization certification or proof of medical or religious exemption (DC Official Code § 38–501 et seq.). A recent review of your child’s immunization record indicates they are not fully immunized in accordance with DC Health requirements for the immunization(s) listed in the attached letter.[[1]](#footnote-1)

**If the school does not receive proper immunization documentation or proof of medical or religious exemption, your child will be temporarily excluded from school beginning on Dec. 4, 2023 and not allowed to return until the immunization certification is obtained by the school.**

It is the goal of this school and the District of Columbia to keep students healthy and in school. In order to prevent the spread of infectious diseases, it is vital that all students are fully immunized before entering school. Immunizations are the best defense against some of the most common and sometimes deadly infectious diseases. **Please contact your primary health provider to make an appointment for your child to receive the required immunization(s) and provide the school with the most recent documentation of the immunization(s) listed in the attached letter as soon as possible.** You may provide this documentation to the school via the Universal Health Certificate (attached)[[2]](#footnote-2) or other proof of immunization certification offered by a health provider or proof of medical or religious exemption.

To make an appointment, call your child’s physician office or find a health provider or immunization location from a list provided by DC Health.[[3]](#footnote-3) If you do not have health insurance or need a healthcare provider, please refer to DC Health Link or contact the Citywide Call Center by dialing 3-1-1.[[4]](#footnote-4)

If you have other questions or would like more information regarding this letter, please contact: **[[IPOC NAME]]** at **[[IPOC PHONE NUMBER]]**.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[[PRINCIPAL OR SCHOOL LEADER NAME AND SIGNATURE]**

1. DC Health, Immunization Requirements: <https://dchealth.dc.gov/page/schools-and-licensed-childcare-development-centers> [↑](#footnote-ref-1)
2. DC Health, DC Universal Health Certificate: <https://dchealth.dc.gov/service/school-health-services-program> [↑](#footnote-ref-2)
3. DC Health, List of Health Providers and Pediatric Immunization Locations: <https://dchealth.dc.gov/service/school-health-services-program> [↑](#footnote-ref-3)
4. DC Health Link: <https://www.dchealthlink.com/> [↑](#footnote-ref-4)