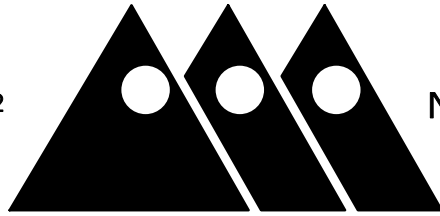


School District 622



North St. Paul
Maplewood
Oakdale

Maplewood Middle School 2410 Holloway Ave. Maplewood, MN 55109
Ruthanne Strohn, Principal

Dear Parent/Guardian of 7th & 8th grade students:

Minnesota's School Immunization Law requires students to have documentation of certain immunizations before starting 7th grade. Documentation of the following shots will be required before your student starts 7th grade in the fall of 2006. Students that will be in 8th grade should already have these shots. If not, you will be required to have these shots before you start school in the fall of 2006 as well.

MMR: (measles, mumps, and rubella): both doses given after the first birthday

TD: (tetanus and diphtheria): booster within five years

Hepatitis B: a series of three shots given over a six-month period

Varicella: (chicken pox): immunization or documentation of having the disease

The health examination before seventh grade will fulfill the athletic physical exam requirement for three years. The health examination report will become part of the student's health record and will help school personnel in providing for a student with a special health concern.

If your child needs any of the required vaccines, contact your health care provider now to make an appointment. If your child has a special medical problem and cannot be vaccinated you will need to bring in a note by your physician. If you as a parent are not conscientiously opposed to immunizations, you need to bring in a notarized legal exemption.

Please complete the following information and provide any dates that shots were received. For the varicella we need the date of the shot or the year they had the disease. Tear off the lower portion of this letter and return it to the school health office. If you have any questions regarding the immunizations please contact the school health office at 651-748-6515.

Student Name: _____

My child has received the following shots for 7th grade:

MMR#2 _____ (mm/dd/yy)

Td _____ (mm/dd/yy)

Hepatitis B #1 _____ #2 _____ #3 _____ (mm/dd/yy)

Varicella (chicken pox) _____ (mm/dd/yy) **OR**

My child had the chicken pox _____ (yyyy)

Signature of Parent/Guardian _____

**With the alternative Hep B dosing schedule, the 3rd dose is not required.