



A Program of Valley Forge Educational Services

1777 North Valley Road
Malvern, Pennsylvania 19355

p 610.296.6700
f 610.296.6530

info@vanguardschool-pa.org
vanguardschool-pa.org

Dear Parents and Legal Guardians,

The Pennsylvania Department of Health requires all families to provide proof of immunization on or before the first day of the school year or risk their child's exclusion from school. These regulations are intended to ensure that children attending school are adequately protected against potential outbreaks of preventable diseases.

For attendance in all grades, students require:

- Four doses of tetanus, diphtheria, and acellular pertussis (Tdap) (one dose on or after fourth birthday)
- Four doses of polio (fourth dose on or after fourth birthday and at least six months after previous dose given)
- Two doses of measles, mumps, rubella
- Three doses of hepatitis B
- Two doses of varicella (chickenpox) or evidence of immunity

For attendance in grade 7, students require:

- One dose of tetanus, diphtheria, and acellular pertussis (Tdap) by the first day of grade 7
- One dose of meningococcal conjugate vaccine (MCV) by the first day of grade 7

For attendance in grade 12, students require:

- 1 dose of meningococcal conjugate vaccine (MCV) by the first day of grade 12. If one dose was given at 16 years of age or older, that should count as the grade 12 dose.

Please submit the attached documentation of immunization or a written objection to the immunization on or before the first day of the school year so that we may ensure compliance with Pennsylvania state law as it pertains to immunizations. If the proper documentation is not returned, your child risks exclusion from school.

Thank you for your prompt attention to this matter.

For more information, please contact your child's school nurse:

nursing@vfes.net

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Please return signed documentation to The Vanguard School nurse.

Student's Full Name _____ Student's Date of Birth _____

Street Address _____

City/State/Zip _____

I certify that the immunizations listed were administered to the student named above:

Tdap (date) _____

Meningococcal conjugate vaccine (date) _____

Name of Health Care Provider (print) _____

Signature of Health Care Provider _____

Name of Health Care Practice _____

Phone Number of Health Care Provider _____