

Notice of Needed Information / Exclusion Notice

Child's Name: _____

Facility: _____ Educator: _____

Dear Parent or Guardian,

State and Federal regulations require children enrolled in the Head Start Program have:

- All **immunizations** must be current or up to date **prior to enrollment**.
- A physical examination completed within one year prior to entry, or **within 30 days of enrollment** including a valid TB clearance/Risk Assessment. Physical Exams are to be completed at birth, every 2 months from 1-6 months, every 3 months between 6-17 months, once between 18-23 months, then annually after the age of 2 years old.
- Dental Exam completed within one year prior to entry, or within 30 days of enrollment for programs operating less than 90 days or within 90 days of enrollment for programs longer than 90 days. Treatment must be received when Dental problems are identified by child's doctor or examining dentists.

Our records show that your child is in need of (Items marked with * are automatically considered excludable items and your child will not be able to attend until items received):

- | | |
|---|--|
| * <input type="checkbox"/> HIB immunization | <input type="checkbox"/> Updated Physical/Hgb/TB Clearance/Lead Assessment |
| * <input type="checkbox"/> Hep. A immunization | <input type="checkbox"/> Lead Level Results (Past results/New lab order) |
| * <input type="checkbox"/> Hep. B immunization | <input type="checkbox"/> Asthma (Paperwork for Doctor to sign) |
| * <input type="checkbox"/> DTP immunization | <input type="checkbox"/> HGB/HCT results |
| * <input type="checkbox"/> MMR immunization | <input type="checkbox"/> Medical Treatment Follow-up Records |
| * <input type="checkbox"/> Polio immunization | <input type="checkbox"/> Health History |
| * <input type="checkbox"/> Varicella immunization | <input type="checkbox"/> Dental Exam/Treatment |
| * <input type="checkbox"/> Tuberculosis Risk Assessment by Physician and/or TB skin test | <input type="checkbox"/> Other _____ |
| * <input type="checkbox"/> Physical Exam (Completed within 1 year prior to enrollment or within 30 days of enrollment) | |

Please bring the requested information to the office by _____ to keep your child's file up to date. If requested documentation is not received, **your child will not be allowed to attend school (Excluded)** until the requested items are provided.

As soon as you present the requested documentation, your child can be readmitted to the classroom (if space is available). **Please contact your health care provider for an appointment or your designated health staff, if assistance is needed.**

Health Staff and Contact Number

Date