

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

Date: \_\_\_\_\_

Dear Parent/Guardian,

The vaccination record of your student \_\_\_\_\_ has been reviewed. He or she is not up-to-date on all vaccines. These are not mandatory vaccines but your child has started them in the past and more shots are necessary to complete the series. The following vaccines need to be completed:

HPV \_\_\_\_\_

Chickenpox \_\_\_\_\_

Meningitis \_\_\_\_\_

Meningitis B \_\_\_\_\_

Hepatitis A \_\_\_\_\_

**AND/OR**

He or she has not started certain vaccinations. These are not mandatory vaccines but they are now highly recommended for adolescents and some colleges are now requiring them. The following are recommended:

HPV \_\_\_\_\_

Meningitis \_\_\_\_\_

Meningitis B \_\_\_\_\_

Hepatitis A \_\_\_\_\_

I have included information sheets about the vaccine(s) needed as well as a current shot record for your child.

If you would like your student to receive these vaccinations, please sign this letter and have your student return it to the clinic. If you have any questions, please contact me at 570-3138 X 2325.

Sincerely,

Dixie Hubert LPN  
School Nurse  
Northeast High School

Yes, I would like my child to receive the above marked vaccine(s).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Printed Name