Immunization Requirement Notification:  
Hepatitis B

Date: ________________________

Dear Parent/Guardian of: _____________________________________________

While reviewing your child’s immunization record, it was noticed that the Hepatitis B vaccine dates you provided do not meet the Department of Health’s requirements that schools must follow. This means that your child does not meet Washington State’s legal requirements for school attendance. Be aware that not all health care providers are aware of the strict school requirements (http://www.doh.wa.gov/efh/immunize/schools.htm).

The Hepatitis B series includes three (3) shots. According to the National Advisory Committee on Immunization Practice (ACIP), the minimum intervals between doses and the minimum age for dose #3 are:

- The minimum interval between dose #1 and dose #2 is 4 weeks (24 days).
- The minimum interval between dose #2 and dose #3 is 8 weeks (52 days).
- The minimum interval between dose #1 and dose #3 is 4 months (108 days).
- The minimum age for dose #3 is 24 weeks of age (164 days).

(The above information includes the allowed four-day grace period.)

Doses given at less than the appropriate intervals and/or age may not provide adequate protection for your child.

The following are the dates on your child’s records:

#1 ___/_____/_____ #2 ___/_____/_____ #3 ____/_____/_____

Problem(s) noted:

_____ Less than 24 days between #1 and #2
_____ Less than 52 days between #2 and #3
_____ Less than 4 months (108 days) between #1 and #3
_____ Dose #3 given before 24 weeks of age (164 days)

Please discuss this with your health care provider and notify the school office to update your child’s record.
You have 30 days to comply with this request.

If you are advised that your child does not need to have an additional Hepatitis B vaccination(s), please provide the school office a signed note or Certificate of Exemption (COE) form, from your health care provider that a medical exemption is necessary.

If you have questions, please contact ____________________________ at ____________________________.

Thank you for your assistance.