



Dear Health Care Provider,

As per our school's admission policy with regards to immunizations, all new students are required to be compliant before starting school.

Our policy has been developed according to the Center for Disease Control and Prevention recommendations and states as follows:

Pre-Kindergarten - Kindergarten:

4 doses DTP, 3 doses Polio, 1 dose MMR, 2 doses Hepatitis A and 3 doses Hepatitis B.

Grades 1 - 12:

5 doses DTP, 4 doses Polio, 2 doses MMR, 2 doses Hepatitis A and 3 doses Hepatitis B.

Please check the immunization records of our new student/students and verify that they are compliant with our requirements, by inserting the dates of the various vaccine doses:

	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th Dose
DTP, DTaP, DT					
Polio					
Measles, Mumps & Rubella					
Hepatitis A					
Hepatitis B					

I, _____ hereby state that _____ is/is not fully
Medical Provider Child's Name
 compliant with the AISJ vaccination requirements.

Outstanding Vaccinations	
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Should you have any questions please do not hesitate to contact us, Nurse Mary (JHB) 087 809 1818, Nurse Patricia (JHB) 087 809 1913 & Nurse Jetta & Lucia (Pretoria) 087 803 0454

Name of Medical Provider	
Date	
Signature	
Stamp of Medical Provider	