

Dear Parent or Guardian,

The Illinois Department of Public Health, Child Health Examination Code, requires **all students entering the fifth (5th) grade to show evidence of having had three (3) doses of the Hepatitis B Vaccine before the start of 5th Grade in August.** Due to the timing of the immunizations, it is important to start the series as soon as possible. These immunizations are available through Primary Care Physicians, Health Maintenance Organizations, and through the Cook County Department of Public Health (CCDPH) Immunization Clinics.

The schedule for the Hepatitis B Immunizations is as follows:

- 1st dose** Now
- 2nd dose** At least four (4) weeks after dose #1
- 3rd dose** At least four (4) months after dose #1 and two (2) months after dose #2

Please have your physician complete the following form and return it to the school as soon as each immunization is completed. Thank you for your cooperation.

Sincerely,
School Health Services

Student's Name: _____ Birthdate: _____
1st Hepatitis B Immunization: _____
2nd Hepatitis B Immunization: _____
3rd Hepatitis B Immunization: _____
Physician's Signature: _____
Physician's Name: _____
Physician's Address: _____
Physician's Telephone Number: _____