Date: [Insert Date]

To the Parent/Guardian of: [Student Name]
Student ID: [Insert ID]
Grade: [Insert Grade]

Subject: Annual Immunization Update and School Clearance

Dear Parent/Guardian,

As we prepare for the upcoming school year, we are reviewing the immunization records for all students to ensure compliance with state and local health regulations. Our records indicate the following status for your child:

Status: [Complete / Incomplete / Action Required]

Required Documentation:
Please provide an updated immunization record or a signed medical/religious exemption form for the following missing vaccines:
[List Vaccines Here, e.g., Tdap, Meningococcal, MMR]

Clearance Deadline:
To ensure your child is cleared to attend classes on the first day of school, please submit the necessary documentation to the School Health Office by [Insert Date].

You may submit these records via:
- Email: [Insert Email Address]
- Fax: [Insert Fax Number]
- In-person: [Insert Office Location]

Failure to provide updated records by the deadline may result in your child being excluded from school activities until requirements are met.

If you have any questions or believe our records are in error, please contact the School Nurse at [Insert Phone Number].

Sincerely,

[Your Name/Signature]
[Your Title/School Office]
[School Name]