[Date]

[Parent/Guardian Name]
[Address Line 1]
[City, State, Zip Code]

RE: Mandatory Vaccine Update and Medical Clearance for [Student Name]

Dear Parent/Guardian,

Our records indicate that your child, [Student Name], is currently missing required immunizations or updated medical clearance documentation for the [Year] school year. According to [State/District] health regulations, all students must be up to date with their vaccinations to remain enrolled and attend classes.

The following items are required for your child:

- [Insert Vaccine Name, e.g., Tdap booster]
- [Insert Vaccine Name, e.g., Meningococcal]
- Annual Physical Examination / Medical Clearance Form

Please submit an official immunization record or a signed medical clearance letter from your healthcare provider to the School Health Office no later than [Deadline Date].

Failure to provide this documentation by the deadline may result in your child's exclusion from school activities until the requirements are met.

If you have already submitted these records, please contact the school nurse at [Phone Number] or [Email Address] to verify that your child's file has been updated.

Thank you for your prompt attention to this matter and for helping us maintain a healthy school environment.

Sincerely,

[Name of School Official/Nurse]
[Title]
[School Name]