

## **FINAL NOTICE: MANDATORY IMMUNIZATION RECORDS**

Date: [Insert Date]

To the Parent/Guardian of: [Insert Child's Name]

Date of Birth: [Insert DOB]

Dear Parent or Guardian,

This is the final notice regarding your child's missing immunization records. Despite our previous requests, we have not received the required documentation or proof of an upcoming vaccination appointment.

According to [Insert State/Local Department of Health] regulations, all children must have up-to-date immunization records on file to remain enrolled in [Insert Clinic/School/Facility Name].

### **REQUIRED ACTION:**

Please provide one of the following documents by [Insert Deadline Date]:

- A copy of your child's complete immunization record.
- A signed medical or religious exemption form (if applicable).
- Proof of an appointment with a healthcare provider to receive required vaccines.

### **CONSEQUENCE OF NON-COMPLIANCE:**

Failure to provide this documentation by the date listed above will result in: [Insert Consequence, e.g., exclusion from school/termination of services].

If you have already submitted these records, please contact our office immediately at [Insert Phone Number] to ensure they have been processed.

Sincerely,

[Insert Your Name/Department]

[Insert Organization Name]

[Insert Contact Information]