



DEFAULTERS IMMUNIZATION FORM

To the parent of _____

CPR No.

A team from the primary health care nursing (School Health Nurses) with cooperation of Diseases Control Section at Public Health Directorate are vaccinating the intermediate level students in Private and Governmental schools against: -

- Hepatitis A Vaccine 2nd dose ⇒ 2nd Intermediate
- Tetanus, diphtheria acellular pertussis (Tdap) Vaccine booster dose ⇒ 2nd Intermediate

As the student was not present during the vaccination session at school, you are kindly requested to take him/her to the local Health Center for vaccination and return this form back to school to confirm that the student was vaccinated.

For Health Center and Private Clinic

(Please tick the concerned vaccine)

The student was vaccinated against one of these Diseases as shown below:

- Hepatitis (A) 1st dose. (Those who did not receive it previously should go to local health center to complete it)
- Hepatitis (A) 2nd dose
- Tdap booster dose

Date: - _____ / _____ / _____

Name of the Nurse: - _____

Code of the nurse: - _____

Health Center stamp