



School Vaccination DCS/EPI Program 3 form 9 of 13

Defaulters Immunization Form

To the parents of _____
CPR No. _____

A team from the primary health care nursing, school health nurses and immunization unit, Diseases Control Section staff at the public health are vaccinating all the students against: -

- 1st Intermediate ⇒ Hepatitis (A) 1st dose.
 2nd Intermediate ⇒ Tdap (Tetanus diphtheria pertussis) booster dose + Hepatitis (A) 2nd dose

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.
 Hepatitis (A) 2nd dose
 Tdap booster dose

Date: -

Name of the Nurse:-

Code of the nurse:-

Health Center stamp