EXCLUSION NOTICE FOR VACCINE-PREVENTABLE DISEASE

Dear Parent,

When an outbreak of a vaccine-preventable disease occurs in our school, the Southwest Utah Public Health Department has the authority (R396-100-8) to exclude from school any student that is not immunized against the disease.

We have had an outbreak of _____at_____.
The Health Department has determined that it will be necessary to exclude the following student: _____ from today through the date of_____.
There are two reasons why this is necessary.

1. To reduce your child's risk of exposure to the disease by those who are infectious.
2. To reduce the risk of exposure for other students and staff.

If you desire to change this exemption status please contact your school secretary for instructions. Vaccination would eliminate any future exclusion.

In addition to your child's healthcare provider, vaccinations are available through:

SOUTHWEST PUBLIC HEALTH DEPARTMENT HEALTH DEPARTMENT

- For Immunization Appointments call 986-2540
- Address: 620 South 400 East, St. George, Utah 84770

FAMILY HEALTHCARE Main Phone for all locations: 986-2565

- St. George Clinic 25 N. 100 E Suite 102 St. George, UT 84770 Phone; 986-2565
- Millcreek High School Clinic 2408 E Riverside Dr. St. George, UT 84790 Direct Phone: 879-5117
- Hurricane Clinic 391 N 200 W Hurricane, UT 84737 Direct Phone: 635-9444

An information sheet on _____ has been enclosed. If you have further questions please contact the school, phone: _____,
or your school nurse: _____ @ phone: _____.

Sincerely,

Principal_____ Date_____