



DUVAL COUNTY PUBLIC SCHOOLS
FLORIDA DEPT. OF HEALTH – DUVAL
School Health Services



Request for Health Requirements Information

Student: _____ DOB: _____ SID: _____

School: _____ Teacher: _____ Grade: _____

Date: _____

Dear Parent/Guardian:

Your child is missing one or more of the following physical or immunization requirements necessary for your child to attend school. The following is needed to be in compliance with 1003.22, Florida Statute.

- School Physical - completed during the last 12 months.
- Shot Record on a fully completed Florida Certificate of Immunization form (DH 680).
- DTaP: _____ Polio: _____
- MMR: _____ Varicella: _____
- Hepatitis B: _____ Tdap: _____
- Other: _____

If your child has already received these immunizations, please provide the school with proof of compliance on a fully completed Florida Certificate of Immunization form (DH 680).

If your child has not received these immunizations, please contact your child’s medical provider or the Health Department at 904-253-1000.

Please provide proof of required documentation by _____ so that your child may attend school without interruption.

Thank You,

_____ R.N. School Health Nurse

904-253-_____