

**DUVAL COUNTY PUBLIC SCHOOLS  
SCHOOL HEALTH SERVICES  
IMMUNIZATION AND SCHOOL-ENTRY HEALTH EXAMINATION  
RECORDS REQUEST**

**TO:** Principal of \_\_\_\_\_  
School \_\_\_\_\_ County \_\_\_\_\_

**FROM:** Principal of \_\_\_\_\_  
School \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

**SUBJECT:** REQUEST FOR  IMMUNIZATION RECORDS  
 SCHOOL ENTRY HEALTH EXAMINATION

**DATE:** \_\_\_\_\_

Please send records indicated above for the following student:

Student \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

**THIS REQUEST IS URGENT.** This student has been given a temporary exemption to attend school thirty (30) school days until the record(s) indicated above can be secured to comply with Florida Law which requires that such records are presented for school admittance. Records must be received by \_\_\_\_\_ in order that this student will not be excluded from school attendance.

If you do not have such record(s), please indicate below and return this complete form immediately in order that the parents can pursue other efforts to comply. Compliance with immunization and school-entry health examination requirements for admittance is of great urgency for this student because school attendance is compulsory in Florida for students between the ages of 6 and 16 years.

\_\_\_\_\_  
PRINCIPAL SIGNATURE

**THIS SECTION IS TO BE COMPLETED BY LAST SCHOOL ATTENDED  
DO NOT DETACH  
(Return Complete Form)**

- Enclosed are the record(s) requested for this student.
- We do not have an immunization record for this student.
- We do not have a school entry health exam for this student.

**OTHER COMMENTS** \_\_\_\_\_

\_\_\_\_\_  
**Print Name Title Date**