Dear Parents/Guardians:

Whooping cough, also known as pertussis, has become widespread in California. To protect your child, the State of California is taking aggressive action in controlling this disease and has implemented new school immunization requirements.

**FOR THE 2011-2012 SCHOOL YEAR, ALL STUDENTS ENTERING 7TH THROUGH 12TH GRADES MUST HAVE PROOF OF HAVING HAD THE VACCINE FOR WHOOPING COUGH (TDAP) BEFORE STARTING SCHOOL.**

Effective July 1, 2011, Assembly Bill 354 requires ALL California students in grades 7 through 12 to receive a Tdap booster vaccine for students 10 years and older. (You must have a record of being vaccinated after your student’s 10th birthday) Tdap is a vaccine for older children, adolescents, and adults protecting them against tetanus, diphtheria, and whooping cough (also called pertussis).

Please contact your child’s physician or medical health care provider for an appointment to administer the vaccine. If you do not have a medical health care provider, low cost clinics are available through the San Bernardino County Department of Public Health, please phone 800 722-4777 for clinic locations near you or visit their website at: [http://www.sbcounty.gov/pubhlth/ph_divisions/public_health_clinics/public_health_clinics.htm](http://www.sbcounty.gov/pubhlth/ph_divisions/public_health_clinics/public_health_clinics.htm)

To avoid delays, it is advised that you schedule the vaccine as quickly as possible. **Please return the form below (other official record of immunization is acceptable) to your child’s school prior to July 1, 2011.** The form must be signed by the physician or clinic. If you have questions, please contact your child’s school nurse.

Sincerely,

Mathew Holton, Superintendent of Schools

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<table>
<thead>
<tr>
<th>IMMUNIZATION</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
<th>DOB</th>
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<tbody>
<tr>
<td>Date of Tdap Booster</td>
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Print full name of student: ________________________________________________________
First                                Middle                          Last
School of attendance: ___________________________________________________________
Print name of physician: _____________________________ Date: ________________
Signature of physician: ____________________________
Place physician’s office stamp here: ______________________________

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Chaffey Joint Union High School District
211 West Fifth Street, Ontario, California 91762-1698 • (909) 988-8511 • FAX (909) 984-1164

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