

IIS.34. 2007

21 April 2008

To: All Parents/Guardians,

**Immunization schedules for Year 2 & KBSR 1 students of Ipoh International School**

The National Immunization Schedule requires that a 7-year old child receives his/her DT (Diphtheria & Tetanus) and MMR (Measles, Mumps & Rubella) vaccination. The school has arranged with the Government Health Clinic to provide this immunization service for our students. The Health Team will be in the school on **Wednesday, 30<sup>th</sup> April 2008 at 8.30 a.m.** for this immunization programme.

Please indicate with a (✓) in the reply slip provided whether your child/ward requires this service. Kindly return the reply slip to the class teacher **by Wednesday, 23<sup>rd</sup> April 2008.**

Thank you.

Yours faithfully,

.....  
Mrs. Lai Kong Wa  
Director

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**REPLY SLIP**

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_

My son/daughter/ward requires the following vaccination:-

1	DT (Diphtheria & Tetanus) & Polio Drops	
2	MMR (Measles, Mumps & Rubella)	
3	BCG (if no scar)	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_