ANGELICA INFANTE-GREEN Commissioner

Dr. Frances Gallo, Ed. D. *Interim Superintendent*



Providence Public School District Health Office 182 Thurbers Avenue Providence, RI 02905 tel. 401.456-9317 Fax 401. 456-0662 www.providenceschools.org

DATE:		
TO THE PARENT/GUARDIAN OF: _		
SCHOOL_	GRADE	ROOM
The Rhode Island Department of Health 7th Grade are required to have a physical should be completed by your family phy regulations require children to have 2 Meningococcal Vaccine, 1 dose of HP be sure your child has received all of the	al examination. These physical visician or health center. Effect doses of Varicella Vaccine, 1 V and 2 doses of MMR. Please	l examinations, preferably, tive 08/01/2015, new dose of Tdap, 1 dose of e check with your doctor and
Proof of vaccination and physical exam the school year.	must be given to the School Nu	arse-Teacher at the beginning of
Thank you.		
School Nurse-Teacher (Rev. 6-1-19)		