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

Request for Health Requirements Information

Student:	DOB:	
School:	Teacher:	Grade:
Date:		
Dear Parent/Guardian:		
Your child is missing one or more necessary for your child to attend 1003.22, Florida Statute.	0. ,	• • • • • • • • • • • • • • • • • • •
School Physical - completed	within the last 12 months.	
Shot Record on a fully compleDTaP:	eted Florida Certificate of Im Polio:	nmunization form (DH 680).
Hn # ∰ 2 SS Á 42		
If your child has already received compliance on a fully completed	· •	e provide the school with proof of ization form (DH 680).
If your child has not received thes or the Health Department at 904-		ntact your child's medical provider
Please provide proof of required attend school without interruption		so that your child may
Thank You,		