Center name

Address

Phone number

Dear Parent/Guardian:

During the enrollment process, you completed and signed the Job Corps Health Questionnaire (ETA 6-53) which gives consent for medical treatment, including administration of required and elective vaccines. While your child is enrolled at \_\_\_\_\_\_\_\_\_\_ Job Corps Center, your child's immunization records will be reviewed and any needed vaccines will be administered.

Please review the attached Vaccine Information Sheets (VIS) for the vaccines provided by the Health and Wellness Center at \_\_\_\_\_\_\_\_\_\_ Job Corps Center. If you have questions about these vaccines, please call the Health and Wellness Center to speak with a nurse.

Thank you,

Name

Title

Phone number