



STUDENT'S NAME \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

In compliance with the updated law effective 9/01/08 of Chapter 14 N.J.A.C. 8:57-4, New Jersey Department of Health & Senior Services, we will need medical proof with dates that your child has received the following immunizations:

\_\_\_\_\_ TDAP (Tetanus, diphtheria, acellular pertussis) – 1 dose. For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97 shall have received one dose of Tdap given no earlier than the 10th birthday and five years have elapsed from the last DPT/Dtap or Td dose.

\_\_\_\_\_ Meningococcal – 1 dose .For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97 shall have received one dose of a meningococcal-containing vaccine, such as the medically preferred meningococcal vaccine. Documentation of one prior dose is acceptable. Our records indicate that proof has not been submitted for the immunizations, which have been checked above. New Jersey State Law requires that all pupils meet these requirements. Please make sure that you comply with these requirements within two weeks. Failure to do so will make your child ineligible to attend school.

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's signature and Stamp

Sincerely, Mrs. DelPalazzo and Ms. Dansky

School Nurses

856-795-2025 EXT 5161 or 5186 Fax- 856-216-0890