

**PARSIPPANY TROY HILLS TOWNSHIP SCHOOLS
HEALTH SERVICES**

Dear Parent or Guardian,

The New Jersey Department of Health and Senior Services has amended the immunization requirements for all students born after **January 1, 1997** and entering the **6th grade** on or after September 1, 2008. These students will now be required to receive one dose of **Tdap (Tetanus, diphtheria, acellular pertussis)** given no earlier than the 10th birthday and one dose of a **meningococcal containing vaccine (meningitis)** such as the medically-preferred meningococcal conjugate vaccine. Any student who received a Td booster dose less than five years prior to entry shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or TD dose.

Written proof must be provided to your school nurse. Please have your physician complete, sign, and return the bottom portion of this form ASAP.

As per state guidelines, failure to provide this information will **exclude** your child from school until vaccines are completed and proof presented.

Please complete these vaccinations and return the form below *before the end of the current school year*. This will insure that complete records are transferred to the middle school and the possibility of incomplete vaccination records preventing your child from starting school in the fall will be avoided.

If you have any questions, please contact me. Thank you for your cooperation.

School Nurse _____

Phone _____

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Name of Student _____ Date of Birth _____

This is to verify that the above named student has received the following immunization in my office on the date below:

Tdap _____ Meningococcal Conjugate _____

Or date of last documented Td dose _____

Physician's signature and stamp: _____ Date: _____

