



**Bridgewater-Raritan Regional School District**  
836 Newmans Lane • P. O. Box 6030 • Bridgewater, New Jersey 08807-0030

**Physical Examination & Immunization Requirements for 6th Grade Students**

Dear Parent/Guardian of an incoming 6<sup>th</sup> grade student:

The New Jersey Department of Education recommends that all students have a physical examination by their private physician periodically for the protection of their health. The Bridgewater-Raritan Regional School District **strongly recommends that these examinations be performed on all students in SIXTH and tenth grades.** I am enclosing a Health History Questionnaire and Physical Examination Form to be completed by you and your child's physician. In addition, **the following two vaccines ARE REQUIRED** by the New Jersey Department of Health and Senior Services for all students entering 6<sup>th</sup> grade.

**DIPHTHERIA and TETANUS TOXOIDS and PERTUSSIS VACCINE**

Every child born on or after January 1, 1997, and entering or attending Grade Six, or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10<sup>th</sup> birthday. *Please note: Children who received a Td booster done less than five years prior to Sixth Grade entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTap or Td dose.*

**MENINGOCOCCAL VACCINE**

Every child born on or after January 1, 1997 and entering or attending Grade Six or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine. *Please note: This applies to students when they turn 11 years of age and attending Grade Six.*

Please have these vaccinations done prior to the start of school in September. **Your child will not be allowed to start school without these state-mandated vaccines.** Students who have an 11<sup>th</sup> birthday occurring after September 1 will be given a 2-week grace period to complete this requirement. Please use the bottom portion of this letter to obtain documentation of vaccination by your child's physician.

Sincerely,

Intermediate School Nurse  
.....

Student Name: \_\_\_\_\_

Tdap: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Meningococcal: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Type \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician Stamp: \_\_\_\_\_

**PLEASE RETURN TO SCHOOL NURSE PRIOR TO STARTING SCHOOL.**

**BRIDGEWATER-RARITAN REGIONAL SCHOOL DISTRICT  
HEALTH HISTORY QUESTIONNAIRE**

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_ Homeroom: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street) (City, State Zip)

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PAST MEDICAL HISTORY: Parent/Guardian to Complete, and Physician/Medical Provider to Review.**

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> Allergic Rhinitis | <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Earache       | <input type="checkbox"/> Hypertension  | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Anemia            | <input type="checkbox"/> Colds (Freq.) | <input type="checkbox"/> Fainting      | <input type="checkbox"/> Kidney Stones | <input type="checkbox"/> Seizures        |
| <input type="checkbox"/> Anxiety           | <input type="checkbox"/> Colitis       | <input type="checkbox"/> Gallstones    | <input type="checkbox"/> Migraines     | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Depression    | <input type="checkbox"/> Hepatitis     | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Tuberculosis    |
| <input type="checkbox"/> Cancer            | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Hiatal Hernia | <input type="checkbox"/> Pancreatitis  | <input type="checkbox"/> _____           |

Other/Explain: \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**Medications Currently in Use:** \_\_\_\_\_

**PAST SURGICAL HISTORY:**       Tonsilectomy     Appendectomy     Cholecystectomy  
    Herniorrhaphy     Other \_\_\_\_\_

Permission is granted for the school nurse to share this information with the principal, guidance counselors and/or teachers on a "need to know" basis.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PHYSICIAN EVALUATION FORM

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_ Homeroom: \_\_\_\_\_

**FOLLOWING INFORMATION TO BE COMPLETED BY PHYSICIAN OR MEDICAL PROVIDER**

**IMMUNIZATIONS: PLEASE ATTACH COPY OF CURRENT IMMUNIZATIONS.**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm \_\_\_\_\_

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Yes / No Contacts: Yes / No Glasses: Yes / No

Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_ Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Indicators	Normal		Abnormal Findings	Initials
Head/Neck	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Eyes / Sclera / Pupils	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Ears	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Nose / Mouth / Throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Heart: Murmur / Rhythm	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Lungs: Auscultation/ Percussion	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Chest Contour	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Skin	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Abdomen: Assessment (include liver, spleen)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Tanner Stage: Testes/Onset of Menses	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Hernia	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Neck/Back/Spine: Range of Motion	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Scoliosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Upper Extremities	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Lower Extremities	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Neurological: Balance & Coordination	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Romberg	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Heel Walk	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Tandem Walk	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Toe Walk	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Nose Touch	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Additional observations: _____ _____				

**CLEARANCE:** A. Student may participate in Physical Education:  Yes  No

B. **NOT CLEARED** for Physical Education:

Diagnosis: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Physician/Provider Stamp

# Meningococcal Disease

## Are YOU Protected?

### **MENINGOCOCCAL VACCINE CAN PROTECT YOU AGAINST THIS DEADLY INFECTION**

#### **What is meningococcal disease?**

Meningococcal disease refers to any illness caused by the type of bacteria (germs) called *Neisseria meningitidis*. Meningococcal disease may result in inflammation of the lining of the brain and spinal cord (meningitis) and/or a serious blood infection (septicemia).

About 5-20% of people carry this type of bacteria in their nose and throat and do not get sick from them. But sometimes, *Neisseria meningitidis* can invade the body and cause meningococcal disease.

#### **Who gets meningococcal disease?**

Anyone can get meningococcal disease, but certain groups are at increased risk. These include:

- ◆ College students and military recruits living in dorms or barracks
- ◆ People with certain medical conditions or immune system disorders including a damaged or removed spleen
- ◆ People who may have been exposed to meningococcal disease during an outbreak
- ◆ International travelers

#### **Why should I be concerned about meningococcal disease?**

Meningococcal disease is serious; even with treatment, the disease may result in death. Of those who live, about 20% will lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes. Early diagnosis and treatment are very important.

## **How do people get meningococcal disease?**

The bacteria are spread from person-to-person through the exchange of saliva (spit) or nasal secretions. One must be in direct (close) contact with an infected person's secretions in order to be exposed. Close contact includes activities such as:

- ◆ Living in the same household
- ◆ Kissing
- ◆ Sharing eating utensils, food, drinks, cigarettes

These bacteria are not as contagious as the germs that cause the common cold or flu. The bacteria are not spread by casual contact or by breathing the air where a person with meningococcal disease has been.

## **What are the symptoms of meningococcal disease?**

Common symptoms are:

- ◆ Confusion
- ◆ Fatigue (feeling very tired)
- ◆ Headache
- ◆ High fever
- ◆ Nausea
- ◆ Rash of dark purple spots
- ◆ Sensitivity to light
- ◆ Stiff neck
- ◆ Vomiting

## **How can meningococcal disease be prevented?**

The best way to prevent meningococcal disease is to get vaccinated. There are two kinds of vaccines available that protect against 4 types of meningococcal disease known as A, C, Y, and W. There is a new vaccine that was just licensed to help prevent type B.

## **Who should get meningococcal vaccine?**

Two doses of the meningococcal vaccine that prevents infection with types A, C, Y, and W are recommended for adolescents. The first dose is recommended at 11 or 12 years of age followed by a booster dose. The vaccine is also recommended for persons at increased risk for disease. You should discuss with your healthcare provider whether

you should get the vaccine against type B or whether you are increased risk for disease.

In New Jersey, meningococcal vaccine is required for 11-year-olds attending school and is required for certain students who are enrolled in a college or university and reside on campus. For more information, see N.J.A.C. 8:57-4 and N.J.A.C. 8:57-6.

### **Is the meningococcal vaccine safe?**

Meningococcal vaccines are safe and effective. As with all vaccines, there can be minor reactions, including pain and redness at the injection site or a mild fever for one to two days. Severe side effects, such as a serious allergic reaction, are very rare.

### **Where can I get more information about meningococcal vaccine?**

- ◆ Your healthcare provider
- ◆ Your local health department [www.localhealth.nj.gov](http://www.localhealth.nj.gov)
- ◆ New Jersey Department of Health  
Vaccine Preventable Disease Program  
<http://www.nj.gov/health/cd/meningo/index.shtml>  
<http://nj.gov/health/cd/imm.shtml>
- ◆ Centers for Disease Control and Prevention (CDC)  
<http://www.cdc.gov/meningococcal/index.html>
- ◆ Vaccine Information Statement  
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

New Jersey Department of Health  
Communicable Disease Service  
Vaccine Preventable Disease Program  
PO Box 369  
Trenton, NJ 08625  
609-826-4860

This information is intended for educational purposes only and is not intended to replace consultation with a healthcare professional.

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