

**PUBLIC SCHOOLS OF EDISON TOWNSHIP
EDISON, NEW JERSEY 08837
HEALTH SERVICES**

Notification of Required Immunizations

Dear Parent/Guardian:

According to N.J.A.C. 8:57-4.1 to 8:57-4.18, this letter is to notify you that your child,
_____, needs the following immunization(s) in
order to attend Edison Public Schools:

Tdap Booster Meningococcal vaccine

Vaccines are required for all students entering 6th grade and are 11 years old. In order to avoid exclusion in September 2016, please submit documentation to the school nurse by September 1, 2016.

Sincerely,

School Principal _____
School Nurse

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NOTE: The physician/nurse practitioner is to complete this portion and return this entire form to the School Nurse.

_____, _____, was administered the following immunization(s):
Student's Name Date of Birth

_____ DTaP, DT, Td, Tdap (circle one) Date: _____
_____ Meningococcal Date: _____
_____ Other: _____ Date: _____

Physician/Nurse Practitioner (print): _____ Signature: _____

Address: _____ Phone: _____

OFFICE STAMP