

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

Notification of Immunizations Required For Grade 6

Dear Parent/Guardian of _____,

(Student's Name)

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

In order to avoid exclusion from School in September, please submit vaccine documentation to the school nurse by : **September 2, 2020**.

Sincerely,

Dr. Johan Rojas
School Principal

Kelly Pike
School Nurse

NOTE: The Medical Provider is to complete this portion and return this entire form to the school nurse.

Student's name

Date of Birth

The following immunization(s) were administered on:

___ Tdap, Dtap, DT, Td (circle one)

Date: _____

___ Meningococcal

Date: _____

___ Other _____

Date: _____

Medical Provider Name (Print) _____ Signature: _____

Address: _____ Phone: _____

Office Stamp: