

PEQUANNOCK TOWNSHIP SCHOOL DISTRICT

School Health Services

THIS FORM MUST BE COMPLETED BY YOUR FAMILY PHYSICIAN

Dear Parent/Guardian:

Please take this form to your personal medical doctor and have it returned to your current School Nurse as soon as vaccines are obtained. If you already submitted the immunization documentation, thank you and please discard this form. You will need this completed, and placed in your student's individual health record upon entrance to middle school, as per New Jersey Administrative Code 8:57-4. **This form is required and every effort should be made to have it mailed to Pequannock Valley School before August 1, care of the school nurse.**

Thank you.

Mrs. Wolkowitz, RN (Pequannock Valley), Mrs. Griffith, RN (Stephen J. Gerace)

Mrs. Hydock, RN (Hillview) Mrs. LaTempa, RN (North Boulevard)

Patient: _____

DOB: _____

Date: _____

The above patient received the following vaccines in our office:

Circle type of vaccine and document date. This is required and NJ State Mandated.

Boostrix Tdap Adacel _____

AND

Menactra Meningococcal MCV4 _____

The above patient is scheduled to receive the above vaccines _____

(DOB falls within month of September &/or October 1)

Physicians Name, Address, Phone Contact:

Signature _____