



Jefferson Township Public Schools

FROM THE HEALTH OFFICES

Dear Parent/Guardian of New-to-Country Student:

Welcome to Jefferson Township School District.

New Jersey law requires that first-time new-to-country students provide the following documents to enroll into school:

- A negative tuberculosis screen test dependent on the country your child is coming from. (Please see attached document for more information)
- A copy of a physical examination by a healthcare provider within the last 365 days. (Please see attached document for more information)
- A copy of immunization records.
(Please see attached or visit the immunization webpage for more information - <https://www.jefftwp.org/district-operations/health-services/immunizations>)
- A doctor or primary care provider's order for students requiring the following:
 - Medication needed during school hours
 - Asthma action plan for inhalers
 - Allergy action plan for epinephrine
 - Diabetes medical management plan
 - Seizure action plan for seizure rescue medication

Medication order forms and action plans can be found on the Jefferson Township School District nurse's web page by following this URL address:

<https://www.jefftwp.org/district-operations/health-services/forms-documents>

Please provide these records as soon as possible. These records can either be forwarded from your own records and/or from your child's new medical provider.

If you need assistance in either obtaining a tuberculosis screening test, a physical examination, or updated immunizations for your child, please see the attached document for more information.

Thank you.

TUBERCULOSIS SCREENING TEST REQUIREMENTS

Entering at preschool through grade 5: This test is **NOT** required if your child has a documented IGRA or Mantoux tuberculin skin test at the age of 3 years or older.

Entering at grades 6 through 12: This test is **NOT** required if your child has had a documented negative tuberculosis test in the last 6 months or a documented positive tuberculosis test anytime in the past..

The following countries require NO tuberculosis screening test:

Albania	Finland	New Zealand
American Samoa	France	North Ireland
Andorra	Germany	Norway
Antigua and Barbuda	Greece	Oman
Australia	Greenland	Puerto Rico
Austria	Grenada	Saint Kitts and Nevis
Barbados	Iceland	St. Lucia
Belgium	Ireland	Samoa
Bermuda	Israel	San Marino
British Virgin Islands	Italy	Slovakia
Canada	Hungary	Slovenia
Cayman Islands	Jamaica	Sweden
Chile	Jordan	Switzerland
Cook Islands	Lebanon	Trinidad and Tobago
Costa Rica	Luxembourg	Turks and Caicos Islands
Cuba	Malta	United Arab Emirates
Cyprus	Monaco	United Kingdom of Great Britain and Northern Ireland
Czech Republic	Montserrat	United States of America
Denmark	Netherlands	United States Virgin Islands
Dominica	Netherlands Antilles	

HEALTHCARE FACILITIES

Tuberculosis screening locations:

Atlantic Urgent Care

376 Lafayette Road
Suite 101
Sparta, NJ
973-862-5700
(For a fee)

Atlantic Health Tuberculosis Clinic

Morristown Memorial Hospital
100 Madison Avenue
Morristown, NJ
973-971-5237
(No fee)

CVS Minute Clinic

11 Center Street
Sparta Township, NJ
866-389-2727
(For a fee)

Available locations to have a physical examination completed:

Atlantic Urgent Care

376 Lafayette Road
Suite 101
Sparta, NJ
973-862-5700

Rockaway Health Dept

65 Mount Hope Road
Rockaway, NJ
973-983-2848
(No fee if no insurance)

Zufall Medical Center

18 West Blackwell Street
Dover, NJ
973-328-3344
(Tiered payments)

CVS Minute Clinic

11 Center Street
Sparta Township, NJ
866-389-2727
(For a fee)

Available locations to have immunizations completed:

Atlantic Urgent Care

376 Lafayette Road
Suite 101
Sparta, NJ
973-862-5700

Rockaway Health Dept

65 Mount Hope Road
Rockaway, NJ
973-983-2848
(No fee if no insurance)

Zufall Medical Center

18 West Blackwell Street
Dover, NJ
973-328-3344
(Tiered payments)

CVS Minute Clinic

11 Center Street
Sparta Township, NJ
866-389-2727
(For a fee)

Please attempt to make an appointment as soon as possible as there may be a waiting list for an appointment. Bring all medical documents, such as immunization records, previous tuberculosis testing, and previous physical examinations, with you to your appointments for review. Please also forward all medical documents (including any updated documents) to the school nurse for review.

NEW JERSEY SCHOOLS IMMUNIZATION REQUIREMENTS

Pre-Kindergarten Students

D.P.T. Series (Four doses and booster after 4th birthday)

Polio Trivalent Series (Three doses and booster after 4th birthday)

Measles, Mumps, Rubella (1 doses-on or after the 1st birthday)

Hepatitis B Series (3 doses-will be required for kindergarten)

Varicella (one dose-on or after 1st birthday)

Haemophilis B - Hib (One dose after 1st birthday)

Pneumococcal (One dose after 1st birthday)

Influenza (One dose between September 1 - December 31. If entry after 12/31, one dose prior to attending school)

Kindergarten - 1st grade Students

DPT Series (Any 5 doses or four doses with the 4th dose or a booster after 4th birthday)

Polio Trivalent Series (Any 4 doses or three doses with the 3rd dose or a booster after 4th birthday)

Measles (Two doses given after 1st birthday or written laboratory evidence of immunity)

Rubella (One after 1st birthday or written laboratory evidence of immunity)

Mumps (One after 1st birthday or written laboratory evidence of immunity)

Hepatitis B (minimum of 3 doses or laboratory evidence of immunity)

Varicella (One on or after 1st birthday or written report from doctor/parent of disease date)

2nd - 5th grade Students

DPT Series (Four doses and a booster needed after 4th birthday)

Polio Series (Three doses)

Measles (Two doses given after 1st birthday or written laboratory evidence of immunity)

Rubella (One after 1st birthday or written laboratory evidence of immunity)

Mumps (One after 1st birthday or written laboratory evidence of immunity)

Hepatitis B (minimum of 3 doses or laboratory evidence of immunity)

Varicella (One on or after 1st birthday or written report from doctor/parent of disease date)

6th - 12th grade Students

DPT series (Three doses)

Polio Trivalent series (Three doses)

Measles (Two doses given after 1st birthday or written laboratory evidence of immunity)

Rubella (One after 1st birthday or written laboratory evidence of immunity)

Mumps (One after 1st birthday or written laboratory evidence of immunity)

Hepatitis B (minimum of 3 doses or laboratory evidence of immunity)

Varicella (One on or after 1st birthday or written report from doctor/parent of disease date)

Meningococcal (One dose 11 years old and older)

Tdap (One dose 11 years old and older)