Saddle Brook School District

540 Saddle River Road; Saddle Brook, NJ 07663
www.sbpsnj.org
Phone: 201-843-1142
Board Office Fax: 201-625-1084

Date:_____

To the Parent or Guardian of_____:

The New Jersey State Department of Health has mandated the following immunizations for pupils in schools:

- All students less than 7 years of age must have a minimum of 4 doses of diphtheria-pertussis-tetanus (DPT) and 3 doses of polio vaccine. Of those doses, one DPT and one polio must have been received **after the fourth birthday**. Children who received all 4 DPT and 3 polio vaccines before their fourth birthday must be re-immunized. (Exception: a child with a total of 5 doses of DPT and/or 4 doses of polio will have satisfied the requirement.)

- For pupils **entering Grade 7** on or after September 1st, 2026 a booster dose of Tdap and one dose of the Meningococcal ACWY vaccine are required. (Exception: a child does not need a Tdap dose until FIVE years after the last DPT/Tdap or Td dose). These vaccines can be administered starting at age 10 or older.

- For students born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008, one dose of Tdap is required, provided at least five years have elapsed from the last documented Tdap dose. One dose of meningococcal vaccine is also required. (Grades 7-12)

- All students must have received measles, mumps, and rubella vaccines **after the first birthday**. Those children immunized with any of these vaccines before one year of age are to be re-immunized. Additionally, students born after January 1st, 1990, must have received a second dose of a measles, mumps, and rubella vaccine and or have a blood titer test to show proof of immunity to measles, mumps, and rubella.

- All students entering Kindergarten through Grade 12 (or transferring in from another state or country), must have received 3 doses of appropriately spaced Hepatitis B vaccine.

- All students born on or after January 1, 1998 must have received Varicella (chicken pox) vaccine **after the first birthday**. A child who has previously had chickenpox may satisfy this requirement with documented laboratory evidence of immunity, a physician's written statement confirming previous varicella disease

In addition to the above requirements, children enrolled in preschool must meet additional age-appropriate immunization requirements for **Haemophilus influenzae type b (Hib) and **Pneumococcal Conjugate Vaccine (PCV)**. The number of doses required depends on the child's age and the timing of previous doses. Children 6 months through 59 months of age are required to receive **at least one dose of the influenza vaccine by November 30th**.

Based on the above regulations, your child's medical record indicates the need for _____vaccine(s).

Please return documentation that your child has received the required immunizations to the school nurse. If you have any questions, please call the school nurse at the number listed below. Thank you.

Sincerely,

_____ _____

School Nurse Telephone