

BURLINGTON TOWNSHIP PUBLIC SCHOOLS

Burlington Township Middle School

Health Office

1600 Burlington Bypass

Burlington, NJ 08016

609 699-4021 (Phone) 609-239-3571 (Nurse Fax)

Dear Parents/Guardians:

This is to inform you that the New Jersey Department of Health and Senior Services (DHSS) has recently revised the administrative rules with substantive changes to include the requirement of new vaccines for students attending sixth grade in September. The amended regulations state the following:

Every child born on or after January 1, 1997 and entering grade six on or after September 1, 2008 shall have received one (1) dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10th birthday.

Children entering or attending grade six on or after September 1, 2008 who received a Td booster dose less than five (5) years prior to entry or attendance shall not be required to receive a Tdap dose until five (5) years have elapsed from the last DTP/Dtap or Td dose.

Every child born on or after January 1, 1997 and entering or attending grade six on or after September 1, 2008 shall have received one (1) dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine (given after the 11th birthday).

Students must provide documentation of these immunizations from their Primary Care Provider by: **9/30/12**. Failure to comply with this Law, may result in your child being excluded from school. Therefore, we are requesting that your Primary Care Provider complete the form below and return to the Middle School Health Office School as soon as possible.

If you have any questions regarding these new requirements, please feel free to contact me. If you have already submitted your immunizations; please disregard this notice. Thank you for your cooperation in this matter.

Sincerely,

Nancy Andorko RN
School Nurse

Student Name: _____

Date: _____

Teacher: _____

Age: _____

The above-named student has received:

1. The Tdap booster on _____
Month/Day/Year

2. The Meningococcal vaccine on _____
Month/Day/Year

Signature of Primary Care Provider

Print or Stamp of Primary Care Provider

Please return to the school nurse