

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040

Tel: 973 - 762-5600 x1830

Fax: 973 - 378 - 7649

IMMUNIZATION OF PUPILS

Dear Parents/Guardians,

Title 8-Chapter 57, New Jersey Department of Health Regulations require that all New Jersey pupils be immunized against Diphtheria, Tetanus, Whooping Cough (Pertussis), Polio, Measles (Rubeola), German Measles (Rubella) and Mumps. No pupil will be admitted to any school in our district without evidence of having been immunized by the following agents:

1. Diphtheria Toxoid
2. Pertussis Vaccine
3. Tetanus Toxoid
4. Live Poliomyelitis Vaccine - Trivalent
5. Live attenuated Measles Virus Vaccine and Measles Booster Vaccine
6. Live Rubella Virus Vaccine
7. Live Mumps Vaccine
8. HIB Vaccine (Required for all incoming Kindergarten and Pre-School students)
9. Hepatitis B Vaccine
10. Varicella Vaccine
11. Meningococcal Vaccine (grade 6)

IN ADDITION:

Tuberculosis testing is required for all students entering from countries and cities designated by the New Jersey Department of Health and Senior Services. New Jersey State regulations require the Mantoux test. **PLEASE NOTE:** The Mantoux test will only be considered valid if it was administered within the last six (6) months. *

New student physical form (blank form included in this packet) is to be returned to your child's school nurse.

Proof that your child has complied with the above requirements may be obtained by having the attached form **Certificate of Immunization**, completed and signed by your physician, a public health officer, or a school nurse from your former school district. Failure to submit proof of immunizations could result in your child's exclusion from school.

The school district will accept one of the following documents as an exception to above compliance:

1. Pupils presenting a signed physician's certificate stating that the above immunizations are medically contraindicated.
2. Pupils presenting a parent/guardian letter to request religious exemption.
3. Pupils presenting a signed physician's statement that immunizations are in progress and that the pupil is in the process of complying with the above, when the MMR, one DPT and one OPV have already been given.

*Pursuant to 6A:16-2.3 each district shall perform tuberculosis tests on students using methods as specifically directed by the New Jersey Department of Health and Senior Services, based upon the incidence of tuberculosis or reactor rates in specific communities or populations groups as required by N.J.S.A. 18:40-16.

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Certificate of Immunization



Please Print

Student Information			
Last Name	First Name	Middle Name	
Street	City	State	Zip
			Date of Birth
School Information			
School Name		Fax	Grade
Immunization Information - To Be Completed By Your Physician			
Every pupil born on or after Jan. 1, 1986 shall have received a minimum of 4 doses, one dose of which shall have been given on or after the 4th birthday, or any 5 doses. Children immunized at the age of 7 or above, meet the requirement with 3 doses of Td, the last dose after a 6 month interval.			
Diphtheria, Tetanus Toxoid & Pertussis (DTaP) Vaccine	1. _____ Date	2. _____ Date	3. _____ Date
	4. _____ Date	5. _____ Date	
Children born on or after 1/1/1997, and entering or attending grade six, or a comparable age level special education program, shall have received one dose of Tdap given on or after the 10th birthday. NOTE: Children in this group who received a Td booster less than five years prior to entry into grade six shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or TD dose.			
Tetanus, Diphtheria, & acellular Pertussis (Tdap) Vaccine	1. _____ Date	OR	Tetanus Diphtheria (Td) booster 1. _____ Date
Every pupil born on or after Jan. 1, 1986 shall have received 3 doses; one dose of which shall have been given on or after the 4th birthday, or any appropriately spaced 4 doses.			
Poliovirus Vaccine	1. _____ Date	2. _____ Date	3. _____ Date
	4. _____ Date		
Children born on or after 1/1/1990 shall have received 2 doses on or after their first birthday. Children born before 1/1/1990 shall have received a minimum of one dose on or after the first birthday.			
Measles, Mumps, Rubella (MMR)	1. _____ Date	2. _____ Date	
OR Measles Vaccine	1. _____ Date	2. _____ Date	OR Measles Immunity Documented _____ Date
One dose live on or after the first birthday		Documented laboratory evidence of Rubella Immunity	
Rubella Vaccine	1. _____ Date	OR	Rubella Immunity Documented _____ Date
One dose live on or after the first birthday		Documented laboratory evidence of Mumps Immunity	
Mumps Vaccine	1. _____ Date	OR	Mumps Immunity Documented _____ Date
Children born after 1/1/1998 shall have received one dose on or after the first birthday.			
Varicella Vaccine	1. _____ Date		
Children enrolled in grades K-12 shall have received 3 doses.			
Hepatitis B Vaccine	1. _____ Date	2. _____ Date	3. _____ Date
Children born on or after 1/1/1997 and entering or attending grade six or a comparable age level special education program shall have received one dose of a meningococcal-containing vaccine. Note: this applies to students when they turn 11 years old and attend grade 6.			
Meningococcal Vaccine	1. _____ Date		

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Student Information			
Last Name	First Name	Middle Name	
Street	City	State Zip	Date of Birth
School Information			
School Name	Fax		Grade
Immunization Information - (Page 2)			
Children age 12 to 59 months enrolling in preschool shall have received a minimum of one dose on or after the first birthday.			
Haemophilus Influenza Type B Vaccine (HIB)	1. _____ Date	2. _____ Date	3. _____ Date 4. _____ Date
Children age 12 to 59 months enrolling in preschool shall have received a minimum of one dose on or after the first birthday.			
Pneumococcal Conjugate Vaccine (PCV)	1. _____ Date	2. _____ Date	3. _____ Date 4. _____ Date
Children age six months through 59 months attending preschool shall annually receive at least one dose between September 1 and December 31 of each year.			
Influenza Vaccine	1. _____ Date		
Required for all students entering from certain countries. TINE test or BCG will NOT be accepted.			
Mantoux (TB) Testing (within the past six months) _____ Date	Date Read _____ Results (in mm) _____ Results must be indicated to be valid		
Chest X-Ray required if Tuberculin Test over 10mm induration			
Chest X-Ray _____ Date	Result _____		
INH Therapy	Initiated _____ Date	Completed _____ Date	
List any significant health problems which should be taken into consideration in school. _____ _____			
Religious and/or medical exemptions must be submitted to the school, according to Title 8-Chapter 57, New Jersey Department of Health Regulations. _____ _____			
Printed Name of Physician _____	Physician's Signature _____	Date _____	