

FARMINGDALE SCHOOL DISTRICT

49 Academy Street

Farmingdale, NJ 07727

Phone 732-938-9611

Fax 732-938-2317

Mrs. Edith Conroy
Superintendent

Mrs. Karen Minutolo
Business Administrator

May 13, 2019

Dear Parent/Guardian,

The New Jersey Department of Health and Senior Services has recently revised the administrative rules N.J.A.C. 8:57-4 which resulted in increased immunization requirements. The amended regulations state the following:

8:57-4.10 Diphtheria and tetanus toxoids and pertussis vaccine

- h) *Every child born on or after January 1, 1997, and entering or attending Grade Six, or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of Tdap (Tetanus, diphtheria, aceddular pertussis) given no earlier than the 10th birthday.*
- i) *Children entering or attending Grade Six on or after September 1, 2008, who received a Td booster dose less than five years prior to entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the DTP/DTaP or Td dose.*
- j) *Children born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008, shall have received one dose of Tdap, provided at least five years have elapsed from the last documented Td dose.*

8:57-4.20 Meningococcal vaccine

- a) *Every child born on or after January 1, 1997, and entering or attending Grade Six or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine.*
**** Please note: This applies to students when they turn 11 years of age and attending Grade Six****
- b) *Every child born on or after January 1, 1997, and transferring into a New Jersey school from another state or country on or after September 1, 2008, shall have received one dose of Meningococcal vaccine.*

In order for your child to attend school in September, please have your Health Care Provider complete the attached form and return this documentation to the school nurse as soon as possible. **Your compliance with these amended regulations is required by September 5, 2019.** If this documentation is being provided during the summer months, please forward the attached form to me at the school. Thank you for your prompt attention to this important matter.

Sincerely,

Katy Kokolus, RN
School Nurse

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Mrs. Edith Conroy
Superintendent of Schools
Principal

Mrs. Karen Minutolo
Board Secretary
Business Administrator

FOR ALL INCOMING 6TH GRADE STUDENTS

Student Name _____

School _____

TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER

Tdap (date given) _____ **OR** **DTP/Dtap/TD (date given)** _____

Meningococcal Vaccine (date given) _____

Physician's/Provider's Name (printed) _____

Physician's/Provider's Signature

Physician's/Provider's Stamp:

Please return this form to your child's school nurse as soon as possible
BUT NOT LATER THAN SEPTEMBER 5, 2019