**Alexandria Township School District** *Honoring Our Past, Celebrating Our Present, Creating Our Future*

**Alexandria Middle School**
Joy C. Dominic, Principal
557 County Road 513
Pittstown, NJ 08867
(908) 996-6811
(908) 996-7963 [FAX]

Dear Parents/Guardians of 5th grade students:

The State of New Jersey, Department of Health and Senior Services, has mandated that children born after January 1997 and entering 6th grade MUST receive a booster dose of Diphtheria, Pertussis and Tetanus (Tdap) and one dose of the Meningococcal vaccine in order to be allowed to enter 6th grade.

**Documentation of having received these vaccines MUST be provided by the time your child enters 6th grade.**

**If your child receives these immunizations while in 5th grade, please send documentation to the AMS nurse.** This information will then be added to their health record so they will be allowed to enter 6th grade. If you have any questions, please feel free to contact me.

Thank you in advance for your attention to this matter.

Connie Green RN, CSN CG

MINIMAL IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY
Chapter 14: Immunization for Pupils in School

| DISEASE(S) | MEETS IMMUNIZATION REQUIREMENTS | COMMENTS |
|---|---|---|
| Tdap | GRADE 6 *(or comparable age level for special education programs)*: 1 dose | For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child does not need a Tdap dose until FIVE years after the last DTP/DtaP or Td dose. |
| MENINGOCOCCAL | (Entering GRADE 6 *(or comparable age level for Special Ed programs)*: 1 dose (1) (Entering a four-year college or University, previously unvaccinated and residing in a campus dormitory): 1 dose (2) | (1) For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97.<br>(2) Previously unvaccinated students entering a four-year college or university after 9-1-04 and who reside in a campus dormitory, need 1 dose of meningococcal vaccine. Documentation of one prior dose is acceptable. |

Student: _____ Date of Birth: _____

The above named student has received:

Tdap booster: _____ (Date m/d/y administered)

Meningococcal vaccine: _____ (Date m/d/y administered)

Physician/Provider Signature: _____

Physician/Provider Phone: _____ Physician/Provider Fax: _____

Physician/Provider (MD, DO, NP, PA) print name and address or stamp:

_____

_____

_____