

Delaware Valley Regional High School

19 Senator Stout Road · Frenchtown · New Jersey · 08825-3721

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NOTICE TO PARENTS REGARDING IMMUNIZATION DEFICIENCIES

Dear Parent/Guardian of: _____ Grade _____

In order for a student to enter and/or remain in Delaware Valley Regional High School, the student must meet the immunization requirements as set forth by Chapter 14, N.J. State Sanitary Code, amended effective 1982 and NJ Public Law 2002 Chapter 058.

OUR RECORDS INDICATE THAT YOU CHILD NEEDS THE FOLLOWING VACCINE(S):

	VACCINE TYPE	SERIES			BOOSTER	
		1ST	2ND	3RD	1ST	2ND
Regulation 10	Diphtheria & Tetanus Td-DPT-Tdap					
Regulation 11	Polio - Either IPV or OPV					
Regulation 12, 13, 15	MMR (Measles, Mumps, Rubella) 1 st dose must be on or after 1 st birthday					
Public Law 2002, C. 058	Hepatitis B – 3 Dose Series Vaccine Manufacturer _____					
Regulation 17	Varicella 1 st dose if born on or after 1/1/1998 or transferring into NJ from another state or country					
Regulation 20	Meningococcal 1 st dose if born on or after 1/1/1997 or transferring into NJ from another state or country					
Other						

Check if either of these apply: MEDICAL CONTRAINDICATION: _____ RELIGIOUS EXEMPTION: _____

NOTE: If either of the above apply, additional documentation will be required.

- If you have documented immunization records, please attach to this form and return immediately to the Delaware Valley Regional High School Health Office.
- If you do not have documented immunization records, contact your physician.

PLEASE HAVE REQUIRED IMMUNIZATIONS STARTED AND/OR UPDATED ON OR BEFORE: _____.

- FAILURE TO COMPLY WILL RESULT IN YOUR CHILD BEING EXCLUDED FROM SCHOOL.

TO BE COMPLETED BY PHYSICIAN

Student's Name _____ Grade _____

This is to certify that the above student has received the following immunizations:



SIGNATURE OF PHYSICIAN

DATE

TELEPHONE NUMBER

If you have any questions, please call the health office 908-996-2131 extension 6501 or 6502.