

Chatsworth Elementary School
2 John Bowker Jr. Blvd - PO Box 477
Chatsworth, NJ 08019

Student Name: _____

Dear Parents/Guardians,

The NJ State Department of Health and Senior Services and Burlington County Health Department have directed the following immunization requirements listed below. These are **required vaccines to attend Grade Six.**

Please have your pediatrician review your child's immunizations to ensure they meet these requirements and attach a copy of your child's immunization record to this form.

Proof of immunizations must be submitted to the school at the beginning of the school year, no later than September 1st.

Your child will be unable to attend on the first day of school without evidence of the proper immunizations (**including the Meningitis and Tdap vaccines**). If you have any questions please call me at (609)726-1230 ext 204. Thank you for your cooperation in this matter.

Sincerely,

Meagan Huber, CSN, BSN, RN
School Nurse

Diphtheria and tetanus toxoids and pertussis vaccine

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, acellular pertussis) given no earlier than the 10th birthday.

Meningococcal Vaccine

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 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 are attending Grade Six.

Date given _____ Meningococcal Vaccine

Date given _____ Tdap Vaccine

Physician's signature: _____

Physician's stamp: