



SADDLE BROOK SCHOOL DISTRICT

355 MAYHILL STREET
SADDLE BROOK, NEW JERSEY 07663

Telephone 201-843-1142
Fax 201-843-0216

Date: _____

To the Parent of Guardian of _____:

The New Jersey State Department of Health has mandated the following immunizations for pupils in schools:

- All students less than 7 years of age must have minimum of 4 doses of diphtheria-pertussis-tetanus (DPT) and 3 doses of polio vaccine. Of those doses, one DPT and one polio must have been received **after the fourth birthday**. Children who received all 4 DPT and 3 polio vaccines before the fourth birthday must be re-immunized. (Exception: a child with a total of 5 doses of DPT and/or 4 doses of polio will have satisfied the requirement.)
- For students over age 7, 3 doses of diphtheria-tetanus (Td) and 3 doses of polio vaccine will satisfy the requirement.
- For pupils **entering Grade 6** on or after September 1, 2008 and born on or after January 1, 1997, a booster dose of Tdap and one dose of Meningococcal vaccine are required. (Exception: a child does not need a Tdap dose until FIVE years after the last DPT/Tdap or Td dose)
- For students born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008, one dose of Tdap is required, provided at least five years have elapsed from the last documented Td dose. One dose of meningococcal vaccine is also required. (Grades 7-12)
- All students must have received measles, mumps, and rubella vaccines **after the first birthday**. Those children immunized with any of these vaccines before one year of age are to be re-immunized. Additionally, students born after January 1, 1990, must have received a second dose of a measles-containing vaccine.
- All students **entering Kindergarten through Grade 12** (or transferring in from another state or country), must have received 3 doses of appropriately spaced Hepatitis B vaccine. (or 2 doses of Recombivax HB for students age 11-15)
- All students born on or after January 1, 1998 must have received Varicella (chicken pox) vaccine **after the first birthday**. Laboratory evidence of immunity, physician's statement or parental statement of previous Varicella disease is also acceptable.

Based on the above regulations, your child's medical record indicates the need for _____ vaccine(s).

The missing state-mandated immunizations may be obtained from your own private physician. They may also be obtained at no cost through the Wallington Board of Health for students without health insurance only. You must call 1-973-777-0318 Ext. 213 to make an appointment for the immunizations. **Please note that a parent must accompany the student to the appointment.**

Please return documentation that your child has received the required immunizations to the school nurse. If you have any questions, please call the school nurse at the number listed below. Thank you.

Sincerely,

School Nurse

Telephone: