LIVINGSTON PUBLIC SCHOOLS
Livingston, New Jersey 07039

<u>Amended Immunization Regulations</u>

Dear Parents/Guardians of:_____ Grade_____

      The New Jersey Health and Senior Services Commissioner, Fred M. Jacobs MD, J.D., has approved amendments to the New Jersey State Immunization Law. Beginning September 1, 2008, four additional immunizations will be required for students. Please read the following carefully which details the changes:

1. **<u>Influenza Vaccine</u>** N.J.A.C. 8:57-4.19 **(Pre-School)**:
   Children six months through 59 months of age attending any child-care center or **pre-school** facility on or after September 1, 2008, shall **<u>annually</u>** receive at least one dose of Influenza Vaccine between September 1 and December 31 of each year.

2. **<u>Pneumococcal Conjugate Vaccine</u>** N.J.A.C. 8:57-4.18 **(Pre-School):**
   Every child from two months through 11 months of age enrolling in or attending any child-care center or **pre-school** facility on or after September 1, 2008, shall have received a minimum of two age-appropriate doses of Pneumococcal Conjugate Vaccine (PCV), or fewer as medically-appropriate for the child's age.

3. **<u>Meningococcal Vaccine</u>** N.J.A.C. 8:57-4.20 **(Grade 6)**:
   Every child born on or after January 1, 1997 and enrolled in Grade Six or transferring into a New Jersey school from another state or country on of after September 1, 2008, shall have received one dose of Meningococcal Vaccine.

4. **<u>Tetanus, Diphtheria, acellular Pertussis</u>** N.J.A.C. 8:57-4.10 **(Grade 6):**
   Every child born on or after January 1, 1997 and enrolled in Grade 6 or transferring into a New Jersey school from another state or country on or after September 1, 2008, shall have received one dose of Tdap (Tetanus, Diphtheria, acellular Pertussis) given no earlier than the 10th birthday.

   *Children who received a Td booster dose less than five years prior to September 1, 2008, shall not be required to receive a Tdap dose until five years have elapsed from the last documented Td dose.

      Parents/Guardians will be responsible to have their child vaccinated before entering school September 1, 2008. Please bring this form and have your physician complete the reverse side. **Return the completed form to your school nurse before September 1, 2010.** Should you have any questions, please contact your school nurse. Thank you.

School Nurse:_____ Phone:_____

Date:_____

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Livingston, New Jersey 07039

Student:_____ Date of Birth:_____

Present School:_____ Present Grade:_____

The above student received the following immunizations required for school entry effective September 1, 2010:

Tdap Booster (Mandatory for students born after 1/01/97 entering Grade 6)

     Date given: _____

Td Booster if received less than 5 years prior to 9/01/08. Date: _____

Meningococcal Vaccine (Mandatory one dose for students born after 1/01/97 entering Grade 6)

     Date given: _____

Influenza Vaccine (Mandatory annually for pre-school students)

     Date given: _____

Pneumococcal Vaccine (Mandatory one dose needed fro pre-school students)

     Date given: _____

Physician Name (please print):_____

Physician Signature:_____

Date:_____