

IMMUNIZATION REQUIREMENTS

Dear Parents/Guardians:

In order for your son or daughter to register for school, it is necessary to provide a physician certified record of your child's immunizations. If the records are not in English, you must also submit a translated copy. If the original records cannot be obtained, the immunizations must be repeated according to New Jersey State law. LISTED BELOW ARE THE IMMUNIZATIONS REQUIRED BY THE STATE OF NEW JERSEY BEFORE THE FIRST DAY OF SCHOOL:

Preschool Students:

Diphtheria, Tetanus, Pertussis (DTP)
Polio Vaccine (IPV) or (OPV)
Measles
Rubella
Mumps
Haemophilus influenzae b (Hib)
Varicella

Appropriately immunized for their age (ACIP standards)
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1 dose—on or after the 1st birthday
1 dose—on or after the 1st birthday
1 dose—on or after the 1st birthday
1 dose minimum—on or after the 1st birthday
1 dose—on or after the 1st birthday OR a doctor's or parent's statement that the child had the disease
1 dose minimum—on or after the 1st birthday

Pneumococcal Conjugate (PCV)

INFLUENZA VACCINE—one dose of influenza vaccine REQUIRED between September 1 and December 31 of each year

Kindergarten Students:

Diphtheria, Tetanus, Pertussis (DTP)
Polio Vaccine (IPV) or (OPV)
Measles
Rubella
Mumps
Hepatitis B
Varicella

4 doses—one dose on or after the 4th birthday or any 5 doses
3 doses—one dose on or after the 4th birthday or any 4 doses
2 doses—1st dose on or after the 1st birthday
1 dose—on or after the 1st birthday
1 dose—on or after the 1st birthday
3 doses

1 dose—on or after the 1st birthday OR a doctor's or parent's statement that the child had the disease

New students age 7 years or older:

Diphtheria, Tetanus, Pertussis
Tetanus, Diphtheria, acellular Pertussis

3 doses—any combination of DTP, DTaP, DT, adult Td
1 dose—every student born on or after January 1, 1997 and entering or attending Grade Six or a comparable age level program must have received one dose of Tdap given no earlier than the 10th birthday AND having at least a 5 year interval from the date of the last documented DTaP/Td dose.

Polio Vaccine (IPV) or (OPV)
Measles
Rubella
Mumps
Hepatitis B
Meningococcal
Varicella

3 doses—any combination of OPV or IPV
2 doses—1st dose on or after the 1st birthday
1 dose—on or after the 1st birthday
1 dose—on or after the 1st birthday
3 doses
1 dose—every student born on or after Jan. 1, 1997 and/or entering Grade 6
1 dose—on or after the 1st birthday—if born on or after 1/1/98 OR a doctor's or parent's statement that the child had the disease.

PROVISIONAL ADMISSION:

Students who do not have the required immunizations MAY be given a provisional admission by the school nurse. **IN ORDER TO BE CONSIDERED FOR A PROVISIONAL ADMISSION, written proof from the student's physician showing the student has begun the immunization series AND the date of their next appointment MUST be provided to the school nurse.**

BEFORE STARTING CLASSES STUDENTS MUST HAVE THE FOLLOWING:

Pre-School	1-DTaP	Age 5-6	1-DTaP	Age 7 and older	1-TD
	1-Polio		1-Polio		1-Polio
	1-MMR		1-MMR		1-MMR
	1-HIB		1-HBV		1-HBV
	1-Varicella		1-Varicella		1-Varicella
	1-PCV				1-Meningococcal (see above)