

**SOMERSET HILLS SCHOOL DISTRICT  
Bernardsville Middle School  
141 Seney Drive  
Bernardsville, NJ 07924**

Date: February 10, 2017

Dear Parent/Guardian:

The following information outlines the New Jersey Department of Health and Senior Services immunization requirements for the 2017-2018 school year. The regulations in N.J.A.C. 8:57-4 require the following:

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, 2017, shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10<sup>th</sup> birthday.
- Children entering or attending Grade Six on or after September 1, 2017, who received a Td booster dose less than five years prior to entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or Td dose.

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, 2017, shall have received one dose of a 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 attending Grade Six.**

**Documentation of these two immunizations must be provided by June 1, 2017. If your child turns 11 over the summer or after September 1, 2017 please schedule an appointment for your child to receive these immunizations and inform me of the date by June 1, 2017. Documentation of these 2 immunizations must be provided in order for your child to start the 2017-2018 school year.**

**Have your Primary Care Provider (PCP) complete the detachable form below and submit it to the school nurse.**

Thank you for prompt attention to this important matter. If you have any questions please call me at 908-204-1916, ext.3016.

Suzanne Ryan, RN, MSN

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Name of Student: \_\_\_\_\_

Type of Tdap: \_\_\_\_\_ Date Given: \_\_\_\_\_

Meningococcal Vaccine: \_\_\_\_\_ Date Given: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician Stamp: