



PUBLIC SCHOOLS

OFFICE OF THE SUPERINTENDENT

Lincoln School Building • 8 Hunter Street • Lodi, New Jersey 07644

Phone: (973) 778-4620 • fax: (973) 778-6393

Date: _____

Dear Parent/Guardian of New Entrant:

In compliance with the laws and guidelines of the State of New Jersey, all new entrants into the Lodi Public School District must fulfill the following requirements:

A. IMMUNIZATIONS:

- I. You must present the school nurse with documentation of having at least one() of the following immunizations: DPT TDAP or Td, Polio, Measles, Mumps, Rubella (*either in a single dose of each or in combination MMR*) and Hepatitis B Vaccine.
 Also, any child born on or after January 1, 1990 must have two doses of the Measles Vaccine. Any child born after January 1, 1998 entering Pre-K, Kindergarten or Grade 1, must have one dose of varicella vaccine after first birthday or proof of immunity from disease. Any child through 5 years of age attending pre-k must have at least one dose of influenza vaccine annually between September 1 and December 31. Any child through 5 years of age entering pre-k must have at least one dose of pneumococcal and HIB on or after their first birthday. Every child born on or after January 1, 1997 and entering or attending grade six on or after September 1, 2008 or at age 11, shall have one dose of TDAP given no earlier than the 10th birthday. TDAP must not be given until five years have lapsed from the last DTP/TDAP or Td dose.
 If the immunization requirements are not complete upon entrance into school, you will have approximately one (1) year from the initial immunization date to complete the requirement.
 In the event that the immunization is not complete within that time period, your child **WILL BE EXCLUDED FROM SCHOOL.**
 If you do not have insurance or your insurance does not cover immunizations, please inform the school nurse at your child's school so she may assist you in making an appointment at the local health clinic. The clinic does not charge-a fee for this service.
3. Any and all immunizations not in English must be translated in a manner sufficient to determine compliance.

B. MANTOUX TESTING:

Any student entering the Lodi School District may be required to receive the mantoux test for tuberculosis in order to be in compliance with the New Jersey State Regulations. You will be notified if your child is required to be tested and informed of the testing date. Please be sure to advise the school nurse if your child has experienced a positive test result or has received the test within the last six (6) months. Documentation of the test is required.

C. PHYSICAL EXAMINATION:

Your child must have a physical examination upon entrance into school. If your child has received a physical examination within the last 365 days, please provide a copy of the examination to the nurse at your child's school. Please have your healthcare provider complete the enclosed form. The form must be returned to school within sixty (60) days. If the form is not completed within this time period, your child **WILL BE EXCLUDED FROM SCHOOL.**

*In the event that you do not have a healthcare provider, several names and clinics have been provided. If you are having difficulty in obtaining a healthcare provider, please contact the nurse at your child's school for assistance.

Your anticipated cooperation is greatly appreciated! The school nurse and phone number for each school is listed below. You can contact the appropriate nurse for any questions and/or assistance.

Lodi High School	973-478-6100 x.19
Thomas Jefferson Middle School	973-478-8662
Columbus School	973-478-3503
Hilltop School	973-778-1213
Roosevelt School	973-777-8511
Wilson School	973-779-3888
Washington School	973-777-8513

MINIMAL IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY
N.J.A.C. 8:57-4: Immunization of Pupils In School

DISEASE(S)	MEETS IMMUNIZATION REQUIREMENTS	COMMENTS
DTaP	(AGE 1-6 YEARS): 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses. (AGE 7-9 YEARS): 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.	Any child entering pre-school, pre-Kindergarten, or Kindergarten needs a minimum of four doses. Pupils after the seventh birthday should receive adult type Td. DTP/Hib vaccine and DTaP also valid DTP doses. Laboratory evidence of immunity is also acceptable.
Tdap	GRADE 6 (or comparable age level for special education programs): 1 dose	For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child does not need a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.
POLIO	(AGE 1-6 YEARS): 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses. (AGE 7 or OLDER): Any 3 doses.	Either Inactivated Polio Vaccine (IPV) or Oral Polio Vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years of age or older. Laboratory evidence of immunity is also acceptable.
MEASLES	If born before 1-1-90, 1 dose of a live Measles-containing vaccine on or after the first birthday. If born on or after 1-1-90, 2 doses of a live Measles-containing vaccine on or after the first birthday. If entering a college or university after 9-1-95 and previously unvaccinated, 2 doses of a live Measles-containing vaccine on or after the first birthday.	Any child over 15 months of age entering child care, pre-school, or pre- Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Previously unvaccinated students entering college after 9-1-95 need 2 doses of measles-containing vaccine or any combination containing live measles virus administered after 1968. Documentation of 2 prior doses is acceptable. Laboratory evidence of immunity is also acceptable. Intervals between first and second measles/MMR/MR doses cannot be less than 1 month.
RUBELLA and MUMPS	1 dose of live Mumps-containing vaccine on or after the first birthday. 1 dose of live Rubella-containing vaccine on or after the first birthday.	Any child over 15 months of age entering child care, pre-school, or pre- Kindergarten needs 1 dose of rubella and mumps vaccine. Each student entering college for the first time after 9-1-95 needs 1 dose of rubella and mumps vaccine or any combination containing live rubella and mumps virus administered after 1968. Laboratory evidence of immunity is also acceptable.
VARICELLA	1 dose on or after the first birthday.	All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering a school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is also acceptable.
HAEMOPHILUS INFLUENZA B (Hib)	(AGE 2-11 MONTHS) ^{1,1} : 2 doses (AGE 12-59 MONTHS) ¹²¹ : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. ^{1,1} Minimum of 2 doses of Hib vaccine is needed if between the ages of 2-11 months. ¹²¹ Minimum of 1 dose of Hib vaccine is needed after the first birthday. DTP/Hib and Hib/Hep B also valid Hib doses.
HEPATITIS B	(K-GRADE 12): 3 doses or 2 doses ¹¹¹	^{1,1} If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation. Laboratory evidence of immunity is also acceptable.
Pneumo-COCCAL	(AGE 2-11 MONTH) ¹¹¹ : 2 dose5 (AGE 12-59 MONTHS) ¹²¹ : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. Minimum of 2 doses of pneumococcal vaccine is needed if between the ages of 2-11 months. ¹²¹ Minimum of 1 dose of Pneumococcal vaccine is needed after the first birthday.
MENINGO-COCCAL	(Entering GRADE 6 (or comparable age level for Special Ed programs): 1 dose<-> (Entering a four-year college or University, previously unvaccinated and residing in a campus dormitory): 1 dose ¹²¹	¹¹¹ For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. ¹²¹ Previously unvaccinated students entering a four-year college or university after 9-1-04 and who reside in a campus dormitory, need 1 dose of meningococcal vaccine. Documentation of one prior dose is acceptable.
INFLUENZA	(AGES 6-59 MONTHS): 1 dose ANNUALLY	For children enrolled in child care, pre-school or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year.

AGE APPROPRIATE VACCINATIONS (FOR LICENSED CHILD CARE CENTERS/PRE-SCHOOLS)

CHILD'S AGE

2-3 Months
4-5 Months
6-7 Months
8-11 Months
12-14 Months
15-17 Months
18 Months-4 Years

NUMBER OF DOSES CHILD SHOULD HAVE (BY AGE):

1 dose DTaP, 1 dose Polio, 1 dose Hib, 1 dose PCV7
2 doses DTaP, 2 doses Polio, 2 doses Hib, 2 doses PCV7
3 doses DTaP, 2 doses Polio, 2-3 doses Hib, 2-3 doses PCV7, 1 dose Influenza
3 doses DTaP, 2 doses Polio, 2-3 doses Hib, 2-3 doses PCV7, 1 dose Influenza
3 doses DTaP, 2 doses Polio, 1 dose Hib, 2-3 doses PCV7, 1 dose Influenza
3 doses DTaP, 2 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose PCV7, 1 dose Influenza
4 doses DTaP, 3 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose Varicella, 1 dose PCV7, 1 dose Influenza

PROVISIONAL ADMISSION:

Provisional admission allows a child to enter/attend school but must have a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. If a pupil is <5 years of age, they have 17 months to complete the immunization requirements. If a pupil is 5 years of age and older, they have 12 months to complete the immunization requirements.

GRACE PERIODS:

- 4-day grace period: All vaccines doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, pre-school or child care facility.
- 30-day grace period: Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.

Lodi Public Schools
School Health Services
Lodi, New Jersey 07644

Date of Exam: _____ Today's Date _____

Student: _____ DOB: _____ Sex: _____

Height: ___ Weight: ___ Pulse: ___ **BP:** ___ Allergies: _____

Vision: Right Eye: _____ Left Eye: _____ Both Eyes: _____ Wears glasses/contacts? ___ Y ___ N

Hearing: Right Ear: _____ Left Ear: _____

Does student require any special seating accommodation due to vision/hearing deficit? ___ **Y** ___ **N**

Heart (*include rate, rhythm and murmur*) _____

Lungs _____ Abdomen _____ Hernia _____

Eyes _____ Ears _____ Nose _____ Throat _____

Teeth/Mouth _____ Skin _____ Posture _____

Feet _____ Joints _____ Scoliosis _____

Neurological _____ Genitalia _____

Please list past surgeries, injuries and/or illnesses: _____

Does student have any medical condition(s) which would limit school activity, inclusive of but not limited to physical education and sports? If yes, explain what the condition is and the restrictions: _____

Is student taking any medication on a regular basis? If yes, please state the medication, dosage, schedule and possible side effects: _____

Is student using an inhaler, epi-pen or insulin and if yes, is that student capable of self-administration of this medication? **Y** **N** List which of the above the student uses: _____

Please list most recent immunization & dates: _____

Any referrals made & to whom:

Physician/Healthcare Provider Signature

Name

Address

Phone

(Please Stamp/Print Above)