

**PARAMUS PUBLIC SCHOOLS**  
**PARAMUS, NEW JERSEY 07652**

Margaret Damiano, M.Ed, Supervisor  
STUDENT PERSONNEL SERVICES  
145 Spring Valley Road  
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April, 2019

Dear Parents/Guardians:

The New Jersey Department of Health and Senior Services has mandated that children born on or after January 1, 1997 and **entering Grade Six** shall have received one dose of the following vaccines:

**Both vaccines must be given AFTER the child's 10<sup>th</sup> birthday.**

1. Tdap (Tetanus, diphtheria, acellular pertussis)

If a child has received a Td booster dose less than five years prior to entering the 6th grade he/she will not be required to receive a Tdap dose until five years have elapsed from the last DTP/Tdap or Td dose.

2. Meningococcal vaccine

If your child received this vaccine before their 10<sup>th</sup> birthday, they must be revaccinated to meet the immunization requirement.

The New Jersey Department of Health and Senior Services allow parents the option of waiting until their child turns 11 to receive the above vaccines. The vaccination must be given no later than 2 weeks after he/she turns 11.

**All students who will be turning 11 years old on or before September 1, 2019 must provide documentation of these two immunizations from their primary care provider on or before September 1, 2019. All pupils are to be in compliance with the New Jersey immunization regulations in order to remain in school.**

Please have your Primary Health Care Provider complete the form below, detach and return to the school nurse on or before **September 1, 2019**. If you have any questions or concerns regarding this notice, please call my office at 201-261-7800 ext. 3023. If you have already sent in documentation that your child had the vaccines, please contact your child's school nurse to verify the vaccine dates. Thank you for your cooperation in this matter.

Sincerely,

Margaret Damiano, M.Ed., Supervisor  
Student Personnel Services

cc: Mr. Thomas LoBue, Principal  
Dr. Deirdre Spollen-LaRai, Principal

Mrs. Manuela Reina, R.N., Certified School Nurse  
Mrs. Nancy Fox, R.N., Certified School Nurse

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Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

The above named student has received: (Both vaccines must be given AFTER the child's 10<sup>th</sup> birthday)

1. Tetanus, diphtheria and acellular pertussis (Tdap) booster on \_\_\_\_\_  
Month/day/year

2. Meningococcal Vaccine on \_\_\_\_\_  
Month/day/year

Primary Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Stamp of Primary Health Care Provider \_\_\_\_\_  
(Name/Address/Phone)