

NAME: _____

DATE: _____

NOTICE NUMBER: _____

Mandatory 11 year old immunizations.

Please schedule a well visit for your child. During your visit please have your physician fill out this form for documentation of immunizations received and the physical too (yellow form). Please return forms to the school nurse. **This is a state law. If your child doesn't receive the immunizations he/she will be excluded from school the first day of 6th grade.** *Please keep in mind that the physician's offices are very busy at the end of the summer and you may not be able to get an appointment. Since your child is 11 they can get vaccinated now.*

- Tdap
- Meningococcal

NJ Immunization law:

<http://www.state.nj.us/health/cd/imm.shtml>

Return this part completed to the school nurse

Childs Name _____

DOB _____

Tdap – Date Administered _____

Meningococcal – Date Administered _____

Others – Date Administered _____

Physician's Signature _____