

**TENAKILL MIDDLE SCHOOL**  
*"Through our doors pass the greatest kids in the world"*  
275 HIGH STREET  
CLOSTER, NEW JERSEY 07624  
201-768-1332      201-784-0726 (FAX)

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Dear Parents/Guardians,

I am writing to inform you of recent changes that have been approved by the State Department of Health and Senior Services regarding two new immunization requirements that pertain to every child born on or after January 1, 1997, and entering Grade 6 or a higher grade in September 2020.

- Every child born on or after January 21, 1997, and entering or attending grade 6 on or after September 1, 2008, shall have received one dose of TDaP( Tetanus, Diphtheria, Pertussis) given no earlier than the 10th Birthday.
- Children entering or attending grade 6 on or after September 1, 2008, 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.
- Children born on or after January 1, 1997 and transferring into a New Jersey school from another state or country after September 1, 2008, shall have received one dose of TDaP provided at least five years from the last documented TD dose.
- Every child born on or after January 1, 1997, and entering or attending grade 6 on or after September 1, 2008 shall have received one dose of Meningococcal-containing vaccine, such as the medically-preferred Meningococcal conjugate vaccine.
- Every child born on or after January 1, 1997, and transferring into New Jersey school from another country or state on or after September 1, 2008 shall have received one dose of Meningococcal vaccine.

**Please consult with your child's health care provider to verify their current immunization status and forward the written documentation indicating the vaccines were received to me. This is necessary for continued attendance for their first day of school in September of 2020.**

**If these vaccines were already completed, please forward their document so I can update their medical records and keep he/she current. Please contact Jaime Caruso, School Nurse, if you have any further questions regarding these requirements at 201-768-1332. Ext. 42222. Thank you for your cooperation!**

-----Complete and return-----

Student Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

The above named student has received:

1. TDaP Booster on \_\_\_\_\_ or may not receive a TDaP because a Td, DTP or DTaP was given on \_\_\_\_\_ or is scheduled on \_\_\_\_\_.
2. The Meningococcal vaccine on \_\_\_\_\_ or is scheduled on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Primary Care Provider

\_\_\_\_\_  
Stamp of Primary Care Provider

