

WEST CAPE MAY ELEMENTARY SCHOOL

Student Immunization & Medical Examination Requirements

Dear Parents/Guardians:

Welcome to West Cape May Elementary School. We look forward to working closely with you in the coming years at our school. The following requirements are state mandated and will be kept as part of your student's permanent health records.

According to New Jersey state regulations (NJAC 6A:16-2.2); for entry into the school district, students must have a medical examination conducted at the "medical home" (family physician or advanced practice nurse) with a full report sent to the school on the attached form. The report must be completed and submitted to the school within 30 days of registering your child for enrollment in the district. (If your child has had a medical examination within the past 365 days, you may have the report completed and submitted by your physician; however, the report must be on the attached form.)

Proof of immunization of each vaccine (month/day/year) is required at the time of enrollment. Except for religious or medical exemptions, all children must comply by state law with the school immunizations regulations.*

Physician statements or documentation such as "child is fully immunized" or "series complete" are unacceptable. See the following for Required Immunization Schedule:

Pre-School Requirements:

Dtap or DPT	3 Doses	Pneumococcal	1 Dose
Polio	3 Doses	Influenza	1 Dose annually
Hib	3 Doses		between Sept 1 st & Dec 31 st
MMR	1 Dose		
Varicella	1 Dose		

Kindergarten or Grade 1 Requirements:

Dtap or DPT	4 Doses (4 th dose must be administered on or after 4 th birthday or total of 5 doses satisfies the requirement)
Polio	3 Doses (3 rd dose must be administered on or after 4 th birthday or 4 doses satisfies the requirement)
Measles or MMR	2 Doses (1 st dose must be administered on or after 1 st birthday)
Mumps & Rubella	1 Dose (MMR satisfies requirement)
Hepatitis B	3 Doses
Varicella	1 Dose (Must be administered on or after 1 st birthday)

Grade 6 Requirements:

All immunizations listed for Kindergarten and Grade 1 and the following two additional immunizations:

Meningitis	1 Dose (Students born on or after January 1, 1997 entering 6 th)
Tdap	1 Booster (Students born on or after January 1, 1997, entering 6 th)

Tuberculin Testing:

Mantoux intradermal tuberculin skin testing per New Jersey State Department of Health Guidelines.

Very truly yours,

Kellie Larcombe RN BSN CSN

***State regulations require us to exclude children from school for non-compliance of this requirement.**

Please complete the back portion of this letter indicating how your child will obtain his/her medical examination and return it to the school as soon as possible.

Student Medical Examination

Student's Name: _____ Grade Level: _____

___ My child's medical examination will be conducted by the family physician and the completed Student medical Examination form will be sent to school within 60 days.

___ My child does not have a family physician and we are unable to establish one at this time.

___ I would like my child: _____ scheduled for a medical examination by the school physician.

Parent/Guardian Signature: _____ Date: _____

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online. You may release my name and address to NJ FamilyCare Program to contact me about health insurance.

Signature

Printed Name

Date