

WEST ORANGE BOARD OF EDUCATION
179 EAGLE ROCK AVENUE
WEST ORANGE, NJ 07052
973-669-5400 EXT. 20538

SCHOOL ATTENDANCE REQUIREMENTS

With this bulletin, you are receiving a set of health forms that should be returned by the first day of school in September. Please note the immunization requirements. The State requires your child to be immunized to qualify for school attendance. Should you have any questions concerning these health requirements, contact the building principal or school nurse.

PUPIL HEALTH EXAMINATION

It is good practice to have your child receive a complete physical exam once a year. This form should be completed by the primary care provider and returned to the school nurse. The information will be used to keep your child's medical record current. It may be completed when your child is examined for camp or at any other routine visit during the summer. If your child was recently examined, ask the provider to complete the form at this time. Since a physical is required by students in pre-kindergarten, kindergarten, fourth, sixth and ninth grades, plus new enrollees in other grade levels, documentation is needed in September.

SCOLIOSIS SCREENING

Students in grades five, seven, nine and eleven will be screened in school for curvature of the spine unless exempt by parental note.

TUBERCULIN TESTING (applies to new students)

Pupils will be Mantoux-tested if in the categories cited by the State Department of Health guidance. The school nurse will notify you if your child is required to have a Mantoux.

PRESCHOOL REQUIREMENTS

Written Documentation of:

- Four (4) Doses of D.P.T. or D.T.A.P. Vaccine**
- Three (3) Doses of Polio Vaccine**
- One (1) Dose of H.I.B. after 12 months of age**
- One (1) Dose of M.M.R. after 12 months of age**
- One (1) Dose of Varivax administered after 12 months of age**
- *One (1) Dose of Influenza Vaccine (annually)**
- *One (1) Dose of PCV Pneumococcal Vaccine on or after the first birthday**

KINDERGARTEN REQUIREMENTS

Written Documentation of:

- Four (4) Doses of D.P.T. or D.T.A.P. with one dose administered on or after the fourth birthday**
- Three (3) Doses of Polio with one dose administered on or after the fourth birthday or four doses appropriately spaced**
- Two (2) Doses of M.M.R. administered on or after the first birthday**
- Three (3) Doses of Hepatitis B vaccine administered at appropriate intervals**
- One (1) Dose of Varivax administered after 12 months of age or laboratory, physician or parental documentation of disease**

NEW SIXTH GRADE REQUIREMENTS

Written Documentation of:

- *Meningococcal Vaccine – Every child born on or after January 1, 1997, when turning 11 yrs old**
- * T.D.A.P. Booster – Every child born on or after January 1, 1997**

West Orange Public Schools
 Department of Student Support Services
 West Orange, New Jersey 07052
 (973) 669-5400, Ext. 20538

BULLETIN TO PARENTS:

IMMUNIZATION REQUIREMENTS FOR STUDENTS

The State of New Jersey requires full compliance with mandated immunizations to insure eligibility for school attendance. For New Jersey residents, entering from within the state (ie. another New Jersey school), immunization records are required prior to, or on the first day of school attendance to provide proof of complete immunization. A two-week grace period may be granted with a written "in-process" statement from a physician. All students coming into a NJ school from out of state, or out of country, are allowed a grace period of up to 30 days from the date of enrollment. Failure to complete these requirements within the specified time period will result in denial of school attendance.

_____ School Nurse

_____ Date

IMMUNIZATION REQUIREMENTS

Name of Child:					Birth Date:		
Vaccine Type	Primary Series			Booster Shots			
Diphtheria, Tetanus & Pertussis							
Polio Vaccine (Specify Type):							
M-M-R				Serology (Please attach lab results)			
Measles Vaccine				Measles	Date:	Titer:	
Rubella Vaccine				Rubella	Date:	Titer:	
Mumps Vaccine				Mumps	Date:	Titer:	
Hepatitis B Series				Hepatitis B	Date:	Titer:	
Varivax				Varicella	Date:	Titer:	
Hib Vaccine (if under age 5, specify type):							
Meningococcal Vaccine							
Influenza Vaccine							
Pneumococcal Vaccine							
Hepatitis A							
Others (Specify):							

Indicate date of most recent Mantoux test. Mantoux is recommended, **but required in transferring from out of the country unless** the country is specified as exempt by the State Department of Health.

Date: _____ **Negative:** _____ **Positive** _____

_____ Physician's Signature

_____ Date