

Hammar skjold Middle School
200 Rues Lane
East Brunswick, NJ 08816
Phone: (732) 613-6600, Fax: (732) 651-7135

Notice of Immunizations Required

Date: _____

Dear Parent/Guardian:

According to N.J.A.C. 8:57-4.18, this letter is to notify you that your child needs the following immunizations in order to attend Hammar skjold Middle School.

Tdap Booster & Meningococcal Vaccine

Your child will not be able to attend school on the first day of grade 6 or any day thereafter until these immunizations are complete. **If your child turns 11 after the start of school (September 2019), written proof from the physician's office showing a scheduled visit must be provided to either your elementary school nurse (prior to 6/20/19) OR the HMS School Nurse's office or the HMS Main Office (after 6/20/19).**

Immunizations must be completed within 2 weeks of the student's 11th birthday.

Dr. Michael Gaskell
HMS Principal

Ms. Margaret Gilson-Coy
HMS School Nurse

Mrs. Teresa Kominkiewicz
HMS School Nurse

The Physican/Nurse Practitioner is to complete this portion. The entire form must be returned to your school nurse (prior to 6/20/19) OR the HMS School Nurse (after 6/20/19). It may be faxed to (732) 651-7135 after 6/20/19.

Student's Name

Student's Date of Birth

_____ DTaP, DT, Td, Tdap (Circle one)

Date: _____

_____ Meningococcal

Date: _____

Other: _____

Date: _____

Physican/Nurse Practioner Name

Signature

Address

Phone

Stamp

