



ST. CATHERINE OF SIENA SCHOOL

Middle States Accredited

39 E. Bradford Avenue, Cedar Grove, NJ 07009

Telephone 973-239-6968 • Fax 973-239-1008

www.scs-school-cedargrovenj.org

TO: New Parents/Students PK3 & PK4
FROM: Mrs. Bethanie Sundlin RN, BSN
RE: Pre-entrance physicals/completed immunizations



In order to enter St. Catherine of Siena Pre School Program, all new students are required to have:

- 1) Pre-entrance physical exam
- 2) Completed updated immunizations
- 3) New Student Health Survey

Physical examination forms and immunization records must be completed and signed by your physician with the date of examination.

All forms must be completed, signed and returned by June 1st.

Please remember – your child will not be permitted to enter school if all medical forms and completed immunizations are not submitted.

ST. CATHERINE OF SIENA SCHOOL *Pre-entrance physicals/completed immunizations*

NJ STATE REQUIREMENTS

DPT	Minimum of 4 doses; one dose must have been administered on or after the 4th birthday , or any 5 or more doses. (NEW) All students born after Jan. 1, 1997 and enrolled in 6th grade or transferring into a New Jersey school from another state or country must have a booster dose of diphtheria, tetanus and pertussis vaccine.
Oral Polio	Every students less than 7 years of age must have a minimum of 3 doses, provided one dose is given on or after the 4th birthday , or any 4 doses, at least 28 days apart.
Measles	Two doses given; first dose must be given on or after the 1st birthday . Vaccines are to be separated by no less than one month. (For 2nd dose, laboratory evidence of immunity is accepted.)
Rubella	One dose on or after the 1st birthday .
Mumps	One dose on or after the 1st birthday .
HIB	All children entering school must provide proof of HIB vaccinations appropriate for the child's age.
Pneumococcal	(NEW) All students in Pre School must have pneumococcal vaccine series, starting in September 2008.
Hepatitis B	3 doses of Hepatitis vaccine prior to school entrance for first time into Kindergarten or 1st grade.
Varicella	One dose on or after the 1st birthday or Physician/Parental history of disease or laboratory evidence of immunity.
Meningococcal	(NEW) All children born on or after Jan. 1, 1997 and enrolled in 6th grade or transferring into a New Jersey School from another state or country must have one dose of meningococcal vaccine.
Flu Vaccine	(NEW) Children in Pre School on or after Sept. 1, 2008 shall annually receive at least one dose of influenza vaccine between Sept. 1st and Dec. 31st of each year. (Children receiving first time vaccination receive 2 doses spaced 4 weeks apart.)
TB (Mantoux)	Provide the results of your child's most recent Tuberculin Test – if in Category (from country) indicated under NJ Tuberculosis guidelines.

IMMUNIZATIONS

NAME OF CHILD _____ **DOB** _____ **Sex:** Male ____ Female ____
 Last First M.I. Mo/Day/Yr

Parent or Guardian	Name _____	Telephone # _____
	Address _____	Name of Dr. _____
	Address _____	Dr.'s Tel. # _____

Vaccine Type	DISEASE mo/day/yr	1st Dose mo/day/yr	2nd Dose mo/day/yr	3rd Dose mo/day/yr	4th Dose mo/day/yr	5th Dose mo/day/yr	mo/day/yr
DIPHTHERIA, TETANUS, PERTUSIS (DTP) (If Td, DtaP, DT*, or TdaP indicate in box)							
POLIO-ORAL POLIO VACCINE (OPV) (If Salk Vaccine, indicate IPV in box)							
MEASLES, MUMPS, RUBELLA (MMR)							
MEASLES					Measles Serology:	Date:	Titer:
RUBELLA					Rubella Serology:	Date:	Titer:
MUMPS					Mumps Serology:	Date:	Titer:
HAEMOPHILUS B (HIB)							
HEPATITIS B							
VARICELLA							
PNEUMOCOCCAL (PCV)							
MENINGOCOCCAL VACCINE							
INFLUENZA VACCINE							

<input type="checkbox"/> Provisional Admission Attached - Date Granted:	<input type="checkbox"/> Medical Exemption Attached
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MD: _____

MD Phone: _____

Address: _____

Date: _____
