



300 Market Street
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Dear Parent/Guardian

Please be advised of the school health requirements and return all required documentation before the first day of school.

Annual Physical Examination: Please have the enclosed form completed by your child's health care provider.

Immunization Requirements: Required by New Jersey Department of Health and Senior Services administrative rules N.J.A.C. 8:57. Please have this form completed by your child's health care provider

DTap: Minimum of four doses

Polio: Minimum of three does

Measles, Mumps, & Rubella (MMR): One does given on or after the first birthday.

Varicella: One dose given on or after the first birthday.

Haemophilus B (HIB): Minimum of one does given after the first birthday.

Pneumococcal (PCV-7): Minimum of one does given after the first birthday.

Influenza: One dose to be given between September 1st and December 31st. After December 31st, the student will be considered delinquent

Name: _____

Date of Birth: _____

Date of Influenza Vaccine: _____

Comment: _____

Physician: _____

Date: _____
