

Ridgewood Public Schools
Ridgewood, New Jersey

IMMUNIZATION NON-COMPLIANCE REFERRAL FORM

To: Parent(s)/Guardian(s) of: _____ Date of Notice: _____

From:

Re: Student's Name _____

Date of Birth _____ / _____ / _____
Month Day Year

Address _____

Telephone No.: _____

According to our school records, the above named student is presently not in compliance with the New Jersey State immunization requirements as noted in the (*New Jersey Administrative Code Citation 8:57-4.1*).

Effective Monday, September 13, 2010, if acceptable evidence of the student's required immunizations is not made available in writing, entrance to the school building will be denied.**

He/She did not have acceptable proof/evidence of compliance.

He/She needs the following immunizations to meet entrance requirements.

Diphtheria, Tetanus
and Pertussis

Measles

Pneumococcal

Tdap

Hepatitis B

Mumps

Rubella

HIB

Polio

Varicella

Meningococcal

Influenza

For questions and request for exemptions, please contact the School Nurse at _____
Telephone Number

** "Evidence in Writing" must be provided by a physician.