

OUR LADY OF GOOD COUNSEL SCHOOL

23 WEST PROSPECT AVENUE MOORESTOWN, NJ 08057 856-235-7885 Nurse@olgc.me

Immunization Requirement Checklist

Prescriooi	
	(4) DTap (with one dose being given on or after the 4 th birthday)
	(3) Polio (with one does being given on or after the 4 th birthday)
	(1) MMR
	(1) Varicella on or after the first birthday
	(1) HIB after first birthday
	(1) Pneumococcal vaccine after the first birthday
	(1) Influenza one dose between September 1st and December 31st for PreK 3 & 4
Kindergarten	
	(5) DTap or at least 4 doses with one being given on or after the 4 th birthday
	(4) Polio or at least 3 doses with one being given on or after the 4th birthday
	(3) Hepatitis B
	(2) MMR
	(1) Varicella
6 th Grade	
	All the vaccinations listed above with the addition of:
	(1)Tdap
	(1)Meningococcal

Please note according to the New Jersey Department of health all students must receive all the vaccinations listed above unless they have a letter of exemption. A student may be excluded from enrollment at OLGC school if they do not show proof of their required vaccinations by **September 30** for State Audit review. Please submit all proof of vaccination to the school nurse's office. Thank you for your compliance.

Sincerely,

C. Martinez
OLGC School Nurse
Ext 213
Nurse@olgc.me
Fax 856-235-2570