



Burlington County Health Department

Communicable Disease Section
Raphael Meadow Health Center
15 Pioneer Boulevard / P.O. Box 6000
Westampton, N.J. 08060
Phone: 609-265-5533 Fax: 609-265-5535



Public Health
Prevent. Promote. Protect.

Burlington County Health Department
Health Starts Here

CHILDCARE PROVIDER INFLUENZA ROSTER

New Jersey statute (N.J.A.C. 8:57-4) requires annual influenza immunization for all children between the ages 6 to 59 months attending daycare or pre-kindergarten programs in New Jersey. Those children **NOT** receiving the influenza vaccine who do not possess a valid exemption should be **EXCLUDED** from school from January 1st until March 31st.

Children enrolled in childcare, pre-school, or pre-kindergarten (ages 6 to 59 months) must:

- Annually receive influenza vaccination between Sept. 1st and December 31st, as required by N.J.A.C. 8:57-4; **or**
- Remain out of school from January 1st to March 31st annually, if they cannot show proof of immunization or a valid medical or religious exemption.

Those children turning 6 months after December 31st must receive influenza vaccination prior to March 31st.

By January 7th, please complete and return this form, which includes a roster of all the children enrolled at your facility with the date of their influenza vaccination. *Please make copies of the reverse of this form for additional space.*

- Alternatively, **you may return a printout or roster of your choosing**, as long as it documents three (3) pieces of information for each child: (1) name; (2) birthdate; (3) date of the child's influenza vaccination.

If you have any students with valid medical or religious exemptions, **please include a copy** of their exemption letter.

Please **FAX (609-265-5535)** or **MAIL** your submission to: Burlington County Health Department
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Return no later than January 7th. If you have any questions, please contact the BCHD at (609) 265-5533.

Name of Childcare Center: _____ Date of Submission: _____

Director: _____ Email Address: _____

Address: _____ Phone: _____

Student's Name	Date of Birth	Date of Influenza Vaccination	Exemption Letter Attached
			<input type="checkbox"/> Yes

