



**ROBERT D. REYNOLDS SCHOOL**  
391 West Saddle River Road  
Upper Saddle River, New Jersey 07458

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Dear Parent/Guardian,

The New Jersey Department of Health and Senior Services requires one dose of seasonal influenza vaccine for preschoolers. Please have your physician complete the form below and return it to the health office *before December 31, 2018*.

This requirement is mandatory for school attendance.

If you have any questions please call me at 201-961-6373.

Sincerely,

**Mrs. Lisa LoPiccolo, CSN**

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School Nurse

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Please have your primary care physician complete the following:

Student Name \_\_\_\_\_

The above named student has received:

One dose of influenza vaccine on: \_\_\_\_\_  
Month/Day/Year

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Signature of Primary Care Provider

Print or Stamp of Primary Care Provider