

New Jersey Department of Health and Senior Services  
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

**Attach printout**

NAME OF CHILD (Last, First, MI)					DATE OF BIRTH (Mo./Day/Yr.)	SEX M F			
NAME OF PARENT/GUARDIAN					TELEPHONE NUMBER(S)				
ADDRESS									
ADDRESS					IMMUNIZATION REGISTRY NUMBER				
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)			
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (if Td or DT <sup>(1)</sup> Indicate in corner box)						TEST DATE	RESULT		
POLIO-INACTIVATED POLIO VACCINE (IPV) (if oral vaccine, indicate OPV in corner box)									
MEASLES, MUMPS, RUBELLA (MMR)						(5) Document below single antigen vaccine receipt, serology titers, or Varicella disease history			
HAEMOPHILUS B (HIB) <sup>(2)</sup>									
HEPATITIS B <sup>(3)</sup>					Hepatitis B			DATE:	TITER:
VARICELLA <sup>(4)</sup>					Varicella			DATE:	TITER:
PNEUMOCOCCAL CONJUGATE <sup>(2)</sup>					Measles			DATE:	TITER:
INFLUENZA <sup>(6)</sup>					Mumps	DATE:	TITER:		
OTHER, SPECIFY:					Rubella	DATE:	TITER:		
Provisional Admission Attached - Date Granted: _____					Medical Exemption Attached		Religious Exemption Attached		
<p>(1) REQUIRES MEDICAL EXEMPTION                  (2) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)                  (3) REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04                  (4) REQUIRED FOR DAY/CHILD CARE ENROLLED (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04                  (5) MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.                  (6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)</p>									

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