

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

| NAME OF CHILD (Last, First, MI)   |                       |                       |                       |                       | DATE OF BIRTH (Mo./Day/Yr.)  |   | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F |        |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|------------------------------|---|--|--------|--|
| NAME OF PARENT/GUARDIAN   |                       |                       |                       |                       | TELEPHONE NUMBER(S)          |   |  |        |  |
| ADDRESS   |                       |                       |                       |                       |                              |   |  |        |  |
| ADDRESS   |                       |                       |                       |                       |                              |   |  |        |  |
|   |                       |                       |                       |                       | IMMUNIZATION REGISTRY NUMBER |   |  |        |  |
| VACCINE TYPE  | 1ST DOSE<br>MO/DAY/YR | 2ND DOSE<br>MO/DAY/YR | 3RD DOSE<br>MO/DAY/YR | 4TH DOSE<br>MO/DAY/YR | 5TH DOSE<br>MO/DAY/YR        | LEAD SCREENING<br>(Not Required)  |  |        |  |
| DIPHTHERIA, TETANUS, PERTUSSIS<br>(DTaP) or any combination<br>(if Td or DT <sup>(1)</sup> Indicate in corner box)  |                       |                       |                       |                       |                              | TEST DATE   | RESULT   |        |  |
| POLIO-INACTIVATED POLIO<br>VACCINE (IPV)<br>(if oral vaccine, indicate OPV in corner box)   |                       |                       |                       |                       |                              |   |  |        |  |
| MEASLES, MUMPS, RUBELLA (MMR)   |                       |                       |                       |                       |                              | (5) Document below single antigen vaccine receipt,<br>serology titers, or Varicella disease history |  |        |  |
| HAEMOPHILUS B (HIB) (2)   |                       |                       |                       |                       |                              |   |  |        |  |
| HEPATITIS B (3)   |                       |                       |                       |                       |                              | Hepatitis B   | DATE:  | TITER: |  |
| VARICELLA (4)   |                       |                       |                       |                       |                              | Varicella   | DATE:  | TITER: |  |
| PNEUMOCOCCAL CONJUGATE (2)  |                       |                       |                       |                       |                              | Measles   | DATE:  | TITER: |  |
| INFLUENZA (6)   |                       |                       |                       |                       |                              | Mumps   | DATE:  | TITER: |  |
| OTHER, SPECIFY:   |                       |                       |                       |                       |                              | Rubella   | DATE:  | TITER: |  |
| <input type="checkbox"/> Provisional Admission Attached - Date Granted: _____ <input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached |                       |                       |                       |                       |                              |   |  |        |  |

- (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)
- (5) MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.

EFFECTIVE 9-1-04 IMM-8

OCT 08

- (6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)