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 ☐ 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)* | |
|---|---|---|---|---|---|---|---|
| | | | | | | *TEST DATE* | *RESULT* |
| DIPHTHERIA,TETANUS,PERTUSSIS (DTaP) or anycombination (if Td or DT[1] Indicateincornerbox) | | | | | | | |
| POLIO-INACTIVATEDPOLIO VACCINE (IPV) (if oral vaccine,indicateOPVincornerbox) | | | | | | | |
| MEASLES, MUMPS,RUBELLA(MMR) | | | | | [5] Document below single antigen vaccine receipt, serology titers, or Varicella disease history | | |
| HAEMOPHILUSB(HIB) [2] | | | | | | | |
| HEPATITIS B [3] | | | | | Hepatitis B | DATE: | TITER: |
| VARICELLA [4] | | | | | Varicella | DATE: | TITER: |
| PNEUMOCOCCAL CONJUGATE [2] | | | | | Measles | DATE: | TITER: |
| INFLUENZA [6] | | | | | Mum ps | DATE: | TITER: |
| OTHER, SPECIFY: | | | | | Rubella | DATE: | TITER: |

☐ Provisional Admission Attached - Date Granted:_____ □ Medical Exemption Attached □ Religious Exemption Attached

IMM-8
OCT 08

(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 requries MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.
(6)REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)