

**New Jersey Department of Health
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD**

NAME OF CHILD (Last, First, MI)					DATE OF BIRTH (Mo./Day/Yr.)	SEX <input type="checkbox"/> M <input type="checkbox"/> 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 ⁽¹⁾ , 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) ⁽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 ENROLLEES (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)