

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 <input type="checkbox"/> M <input type="checkbox"/> F		
NAME OF PARENT/GUARDIAN					TELEPHONE NUMBER(S)				
ADDRESS									
ADDRESS					IMMUNIZATION REGISTRY NUMBER				
VACCINE TYPE	1 ST DOSE MO/DAY/YR	2 ND DOSE MO/DAY/YR	3 RD DOSE MO/DAY/YR	4 TH DOSE MO/DAY/YR	5 TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)			
						TEST DATE	RESULTS		
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT(1), indicate OPV in corner box)									
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 GRADE 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)

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