

**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)	
						TEST DATE	RESULT
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT ⁽¹⁾ , indicate 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:

Provisional Admission Attached - Date Granted: _____ Medical Exemption Attached 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)