# 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

### ADDRESS

### ADDRESS

### IMMUNIZATION REGISTRY NUMBER

---

<table>
<thead>
<tr>
<th>VACCINE TYPE</th>
<th>1ST DOSE MO/DAY/YR</th>
<th>2ND DOSE MO/DAY/YR</th>
<th>3RD DOSE MO/DAY/YR</th>
<th>4TH DOSE MO/DAY/YR</th>
<th>5TH DOSE MO/DAY/YR</th>
<th>LEAD SCREENING</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (if Td or DT&lt;sup&gt;(1)&lt;/sup&gt; indicate in corner box)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>TEST DATE</td>
</tr>
<tr>
<td>POLIO-INACTIVATED POLIO VACCINE (IPV) (if oral vaccine, indicate OPV in corner box)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>MEASLES, MUMPS, RUBELLA (MMR)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>HAEMOPHILUS B (HIB) &lt;sup&gt;(2)&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEPATITIS B &lt;sup&gt;(3)&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VARICELLA &lt;sup&gt;(4)&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PNEUMOCOCCAL CONJUGATE &lt;sup&gt;(2)&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFLUENZA &lt;sup&gt;(6)&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER, SPECIFY:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DATE: TITER:

---

### TELEPHONE NUMBER(S)

### VACCINE TYPE

- □ Provisional Admission Attached - Date Granted: ____________________
- □ Medical Exemption Attached
- □ Religious Exemption Attached

---

### IMM-8 OCT 08

1. REQUIRE MEDICAL EXEMPTION
2. REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)
3. REQUIRED FOR K-GRAGE 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-GRAGE 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)