

**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	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)