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	ATE OF BIRTH (Mo./Day/Yr.) SEX		
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/YF			AD 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,			
HAEMOPHILUS B (HIB) (2)					serology titers, or Varicella disease history			
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 Attach	hed - Date Granted:			lical Exemption A	Attached □Relig	ious Exemption Atta	ached	

HEQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)

REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)

REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04.

REQUIRED FOR DAY/CHILD CARE ENROLLEES (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04.

MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.

REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months – 59 Months)

⁽¹⁾ REQUIRES MEDICAL EXEMPTION.