

SEDES SAPIENTIAE SCHOOL

CLASSICAL CATHOLIC EDUCATION

IMMUNIZATIONS REQUIRED BY NEW JERSEY STATE LAW 2017-2018 Academic Year

(Please be sure to include **Month / Day / Year** for each immunization)

****A COPY OF THE IMMUNIZATION RECORD
FROM THE PHYSICIAN'S OFFICE IS ALSO ACCEPTABLE****

NAME OF STUDENT: _____ GRADE: _____

Vaccine	Date(s) of dose(s)			
DTP	#1	#2	#3	#4
Tdap (Tetanus, diphtheria, acellular pertussis)	#1	*One (1) dose of Tdap <u>required</u> for students born on or after January 1, 1997.*		
OPV	#1	#2	#3	
MMR	#1	#2	*Two(2) doses of MMR <u>required</u> for students born on or after January 1, 1990.*	
Varicella (Chickenpox vaccine or disease)	#1	*One dose of Varicella or chickenpox disease manifestation <u>required</u> for students born on or after January 1, 1998.*		
HIB	#1	#2	#3	#4
Hepatitis B	#1	#2	#3	*Hepatitis B series <u>must</u> be completed by <u>all</u> students.*
Mantoux Test	Date given		Result:	
Meningococcal vaccine	#1	*One (1) dose of meningococcal vaccine <u>required</u> for students born on or after January 1, 1997.*		
Other (specify)	#1	#2	#3	#4

Signature of Prescribing Physician

Date

Name of Physician (Please PRINT)

Physician Phone #

Address of Prescribing Physician (Please PRINT)

Physician Fax #

Please return to the Office at Sedes Sapientiae School.