SEDES SAPIENTIAE SCHOOL

CLASSICAL CATHOLIC EDUCATION

IMMUNIZATIONS REQUIRED BY NEW JERSEY STATE LAW
2018-2019 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.