

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 <i>(Not Required)</i>	
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination <i>(if Td or DT⁽¹⁾ Indicate in corner box)</i>						TEST DATE	RESULT
POLIO-INACTIVATED POLIO VACCINE (IPV) <i>(if oral vaccine, indicate OPV in corner box)</i>							
MEASLES, MUMPS, RUBELLA (MMR)					(5) Document below single antigen vaccine receipt, serology titers, or Varicella disease history		
HAEMOPHILUS B (HIB) (2)							
HEPATITIS B (2)					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 Attached - Date Granted: _____
 Medical Exemption Attached
 Religious Exemption Attached

IMM-8
OCT 08

- (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 ENROLLED (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)