

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 <sup>(1)</sup> 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) <sup>(2)</sup>									
HEPATITIS B <sup>(3)</sup>						Hepatitis B	DATE:	TITER:	
VARICELLA <sup>(4)</sup>						Varicella	DATE:	TITER:	
PNEUMOCOCCAL CONJUGATE <sup>(2)</sup>						Measles	DATE:	TITER:	
INFLUENZA <sup>(6)</sup>						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									
IMM-8 OCT 08	<p>(1) REQUIRES MEDICAL EXEMPTION</p> <p>(2) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)</p> <p>(3) REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04</p> <p>(4) REQUIRED FOR DAY/CHILD CARE ENROLLED (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04</p> <p>(5) MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.</p> <p>(6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)</p>								