

IMMUNIZATION FORM

To the Parent/Guardian of: _____

Chapter 14 of the State Sanitary Code: REGULATION 5: PROVISIONAL ADMISSION

No child will be enrolled provisionally to a school or child care center without documentation of at least one dose of Polio, Diphtheria, Tetanus, Pertussis, Measles, Mumps, and Rubella which are age appropriate for the child. The child must also have an appointment for and be in the process of receiving the remaining antigens.

Pupils seven years of age and older may receive Td instead of DPT.

Your Physician should fill in the dates and sign the form below or you may bring in written documentation that includes complete dates of the vaccinations from a Physician or health clinic. In New Jersey, a signed copy of the Student Health Card may be used to document immunizations.

Student's Name: _____ Date of Birth: _____ Grade: _____

<u>VACCINE TYPE</u>	1st	2 nd	3 rd	4 th	5th
DIPHTHERIA/PERTUSSIS/TETANUS					
DIPHTHERIA/TETANUS (Td)					
POLIO					
MMR					
MEASLES					
RUBELLA					
MUMPS					
HEPATITIS B					

Physician's Name: _____

Address: _____

Phone Number: _____

Physician's Signature: _____

Physician's Stamp: _____ Date: _____