New Jersey Department of Health

STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

NAME OF CHILD (Last, First, MI)	DATE OF BIRTH (Mo/Day/Yr)	SEX ☐ M ☐ 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	EXEMPTIONS
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT[1], indicate in corner box)						☐ Medical Exemption Attached ☐ Religious Exemption Attached
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)						
HEPATITIS B (HepB)					Hepatitis B	DATE: TITER:
VARICELLA					Varicella	DATE: TITER:
PNEUMOCOCCAL CONJUGATE (PCV13)					Measles	DATE: TITER:
INFLUENZA					Mumps	DATE: TITER:
OTHER, SPECIFY					Rubella	DATE: TITER:
OTHER, SPECIFY					Comments:	
OTHER, SPECIFY						

☐ Provisional Admission Date Granted ___ ___ / ___ ___ / ___ ___ ___ ___

[1] REQUIRES MEDICAL EXEMPTION

A complete list of New Jersey's immunization requirements is accessible at: http://nj.gov/health/cd/imm_requirements

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