

MINIMAL IMMUNIZATION REQUIREMENTS FOR 3 YEAR OLD PRESCHOOLER:

4 Doses DTaP
 3 Doses Polio
 1 Dose MMR * (After 1st Birthday)
 1 Dose HIB * (After 1st Birthday)

1 Dose Pneumococcal * (After 1st Birthday)
 1 Dose Varicella * (After 1st Birthday)
 1 Dose Influenza ** (Given Between Aug & Dec
 31st of Current School Year)

VACCINE COMBINATIONS MAY INCLUDE:

TriHIBit = DTaP & HIB
 Pediarix = DTaP & HepB & IPV
 Kinrix = DTaP & IPV
 Pentacel = DTaP & IPV & HIB
 MMR II/MMR = MMR
 Varivax = Varicella
 Comvax = HIB & Hep B

Prevnar, Prevnar 13 (Pneumococcal)
 Pneumovax 23 (Pneumococcal)
 Ipol = IPV
 MMRV = MMR & Varicella
 FluMist/Flu = Influenza

**NEW JERSEY DEPARTMENT OF HEALTH & SENIOR SERVICES
 STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD**

Name of Child (Last, First, MI)				Date of Birth (Mo/Day/Yr)		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
Name of Parent/Guardian				Telephone Number(s)				
Address				Immunization Registry Number				
Vaccine Type	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th Dose Mo/Day/Yr	Lead Screening (Not Required)		
Diphtheria, Tetanus, Pertussis (DTaP) or any combination (If Td or DT ⁽¹⁾ , indicate in corner box)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Test Date	Result	
Polio-Inactivated Polio Vaccine (IPV) (If oral vaccine, indicate OPV in corner box)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Measles, Mumps, Rubella (MMR)						⁽⁵⁾ Document below single antigen vaccine receipt, serology titers, or a varicella disease history		
Haemophilus B (HIB) ⁽²⁾								
Hepatitis B ⁽³⁾						Hepatitis B	Date: <input type="text"/>	Titer: <input type="text"/>
Varicella ⁽⁴⁾						Varicella	Date: <input type="text"/>	Titer: <input type="text"/>
Pneumococcal Conjugate ⁽²⁾						Measles	Date: <input type="text"/>	Titer: <input type="text"/>
Influenza ⁽⁶⁾						Mumps	Date: <input type="text"/>	Titer: <input type="text"/>
Other, Specify:						Rubella	Date: <input type="text"/>	Titer: <input type="text"/>
<input type="checkbox"/> Provisional Admission Attached – Date Granted: _____ <input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached								

- (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 Enrollees (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).