

South Orange & Maplewood School District
Immunization Information – To be completed by your Physician

Student Name _____ Birth date _____ School _____ Grade _____

Dear Parent/Guardian:

The Immunization Record for your child is incomplete in the areas indicated below. Please have your physician administer the needed immunizations and **return this completed form to the school nurse**. If these immunizations *have already* been previously administered, please have your physician provide the missing information. Thank you.

PLEASE NOTE THAT FAILURE TO COMPLY WITH THIS NEW JERSEY STATE REGULATION MAY RESULT IN THE EXCLUSION OF YOUR CHILD FROM SCHOOL.

Every pupil born on or after 1/1/1986 shall have received a minimum of 4 doses, one dose of which shall be given on or after the 4th birthday, or any 5 doses. Children immunized at the age of 7 or above meet the requirement with 3 doses: Tdap (preferably the first dose) then Td; the last dose after a 6 month interval. Please indicate if dose is Td or DT.

Diphtheria, Tetanus Toxoid & Pertussis (DTaP) Vaccine 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Date Date Date Date Date

Children born on or after 1/1/1997, and entering or attending grade six, or a comparable age level special education program, shall have received one dose of Tdap given on or after the 10th birthday. NOTE: Children in this group who received a Td booster less than five years prior to entry into grade six shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or Td dose.

Tetanus, Diphtheria & acellular Pertussis (Tdap) Vaccine 1. _____
Date

Every pupil born on or after 1/1/1986 shall have received 3 doses, one dose of which shall be given on or after the 4th birthday, or any appropriately spaced 4 doses.

Poliovirus Vaccine 1. _____ 2. _____ 3. _____ 4. _____
Date Date Date Date

Children born on or after 1/1/1990 shall have received 2 doses on or after their first birthday. Children born before 1/1/1990 shall have received a minimum of one dose, on or after the first birthday.

Measles, Mumps, Rubella (MMR) 1. _____ 2. _____
Date Date

OR Measles Vaccine 1. _____ 2. _____ OR Measles Immunity documented _____
Date Date Date

One dose live on or after the first birthday
Rubella Vaccine 1. _____ OR Rubella Immunity documented _____
Date Date

One dose live on or after the first birthday
Mumps Vaccine 1. _____ OR Mumps Immunity documented _____
Date Date

Children born after 1/1/1998 shall have received one dose on or after the first birthday.

Varicella Vaccine 1. _____
Date

Children enrolled in grades K – 12 shall have received 3 doses.

Hepatitis B Vaccine 1. _____ 2. _____ 3. _____
Date Date Date

Children born on or after 1/1/1997 and entering or attending grade six or a comparable age level special education program shall have received one dose of a meningococcal-containing vaccine. NOTE: This applies to students when they turn 11 years old and attend grade six.

Meningococcal Vaccine 1. _____
Date

Religious and/or medical exemptions must be submitted to the school according to the Title 8:57 New Jersey

PHYSICIAN NAME / STAMP

PHYSICIAN SIGNATURE

DATE