**MINIMAL IMMUNIZATION REQUIREMENTS FOR**

**2 MONTH OLD INFANT:**

1 Dose DTap
1 Dose Polio
1 Dose HIB
1 Dose Pneumococcal

**VACCINE COMBINATIONS MAY INCLUDE:**

- TriHIBit = DTap/HIB
- Pediarix = DTap/HepB/IPV
- Kinrix = DTap/IPV
- Pentacel = DTap/IPV/HIB

- Convax = HIB/Hep B
- Prevnar, Prevnar 13
- Pneumovax 23, PCV
- Ipol = IPV
**MINIMAL IMMUNIZATION REQUIREMENTS FOR 4 MONTH OLD INFANT:**

- 2 Doses DTap
- 2 Doses Polio
- 2 Doses HIB
- 2 Doses Pneumococcal

**VACCINE COMBINATIONS MAY INCLUDE:**

<table>
<thead>
<tr>
<th>Vaccine Combination</th>
</tr>
</thead>
<tbody>
<tr>
<td>TriHIBit = DTap/HIB</td>
</tr>
<tr>
<td>Pediarix = DTap/HepB/IPV</td>
</tr>
<tr>
<td>Kinrix = DTap/IPV</td>
</tr>
<tr>
<td>Pentacel = DTap/IPV/HIB</td>
</tr>
</tbody>
</table>

**Additional Immunizations:**

- Convax = HIB/Hep B
- Prevnar, Prevnar 13
- Pneumovax 23, PCV

*Note: Some vaccines may require additional screenings or tests.*
MINIMAL IMMUNIZATION REQUIREMENTS FOR

6 Month Old Infant:

- 3 Doses DTaP
- 2 Doses Polio
- 2 Doses HIB
- 2 Doses Pneumococcal
- 1 Dose Influenza** *(Given between Aug & Dec.31 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
- FluMist/Flu = Influenza
- Comvax = HIB+Hep B
- Prevnar, Prevnar 13
- Pneumovax 23, PCV7 = Pneumococcal
- Ipol = IPV
- MMRV = MMR+Varicella
## New Jersey Department of Health

### STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

<table>
<thead>
<tr>
<th>NAME OF CHILD (Last, First, MI)</th>
<th>NAME OF PARENT/GUARDIAN</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pebbles Flinstone</td>
<td>Fred + Wilma Flinstone</td>
<td>One Bergen County Plaza</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE OF BIRTH (Mo./Day/Yr)</th>
<th>SEX</th>
<th>TELEPHONE NUMBER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX-XX-XXXX</td>
<td></td>
<td>201-034-2652</td>
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<table>
<thead>
<tr>
<th>VACCINE TYPE</th>
<th>1ST DOSE</th>
<th>2ND DOSE</th>
<th>3RD DOSE</th>
<th>4TH DOSE</th>
<th>5TH DOSE</th>
<th>LEAD SCREENING (Not Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP) (If TD or DT	extsuperscript{1}), indicate in corner box)</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>TEST DATE RESULT</td>
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<tr>
<td>Polio- Inactivated Polio Vaccine (IPV) (If oral vaccine, indicate OPV in corner box)</td>
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<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
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<tr>
<td>Haemophilus B (HIB)</td>
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<tr>
<td>Hepatitis B</td>
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<td>Varicella</td>
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<tr>
<td>Pneumococcal Conjugate</td>
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<tr>
<td>Influenza</td>
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<td>✗</td>
<td>✗</td>
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</tbody>
</table>

| OTHER, SPECIFY:                      |          |          |          |          |          |                               |

1. 
REQUIRES MEDICAL EXEMPTION.
2. 
REQUIRES FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)
3. 
REQUIRES FOR K-GRAGE 1 (whichever is first), GRADE 6 BEGINNING 9-1-01, AND GRADE 9-12, EFFECTIVE 9-1-04.
4. 
REQUIRES FOR DAY CHILD CARE ENROLLEES (18 Months and older) AND GRADE K-GRAGE 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. 
REQUIRES FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)

### MINIMAL IMMUNIZATION REQUIREMENTS FOR 12 Month Old Toddler:

- 3 Doses DTaP
- 2 Doses Polio
- 1 Dose HIB* (After 1st Birthday)
- 2 Doses Pneumococcal
- 1 Dose Influenza** (Given between Aug & Dec.31 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
- MMRV = MMR+Varicella
- FluMist/Flu = Influenza

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* Document below single antigen vaccine receipt, serology titers, or Varicella disease history

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** MMV single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.
## Toddler (15 months)

**New Jersey Department of Health**

**STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD**

**NAME OF CHILD (Last, First, Mi):** Bam Bam Rubble  
**DATE OF BIRTH (Mo./Day/Yr):** XX-XX-XX  
**SEX:** ₹M OF  
**NAME OF PARENT/GUARDIAN:** Barney + Betty Rubble  
**TELEPHONE NUMBER(S):** 201-634-2652  
**ADDRESS:** One Bergen County Plaza  
**HACKENACK, NJ 07601**

<table>
<thead>
<tr>
<th>VACCINE TYPE</th>
<th>1ST DOSE MO/DAY/YR</th>
<th>2ND DOSE MO/DAY/YR</th>
<th>3RD DOSE MO/DAY/YR</th>
<th>4TH DOSE MO/DAY/YR</th>
<th>5TH DOSE MO/DAY/YR</th>
<th>LEAD SCREENING</th>
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</thead>
<tbody>
<tr>
<td>DIPHTHERIA, TETANUS, PERTUSSIS (DtaP) or any combination (if Td or DT1), indicate in corner box</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td></td>
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<tr>
<td>POLIO-INACTIVATED POLIO VACCINE (IPV) (if oral vaccine, indicate OPV in corner box)</td>
<td>✗</td>
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<tr>
<td>MEASLES, MUMPS, RUBELLA (MMR)</td>
<td></td>
<td>✗</td>
<td>✗</td>
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<tr>
<td>HAEMOPHILUS B (HIB)</td>
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</tr>
<tr>
<td>HEPATITIS B</td>
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<tr>
<td>VARICELLA</td>
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<tr>
<td>PNEUMOCOCCAL, CONJUGATE</td>
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<td>✗</td>
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<tr>
<td>INFLUENZA</td>
<td></td>
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</table>

**OTHER, SPECIFY:**

Document below single antigen vaccine receipt, serology titers, or Varicella disease history.

**IMMUNIZATION REGISTRY NUMBER**

[ ] Provisional Admission Attached - Date Granted:  [ ] Medical Exemption Attached  [ ] Religious Exemption Attached

---

**MINIMAL IMMUNIZATION REQUIREMENTS FOR 15 Month Old Toddler:**

- 3 Doses DTaP
- 2 Doses Polio
- 1 Doses MMR* (After 1st Birthday)
- 1 Dose HIB* (After 1st Birthday)
- 1 Dose Pneumococcal* (After 1st Birthday)
- 1 Dose Influenza** (Given between Aug & Dec.31 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
- FluMist/Flu = Influenza
- Convax = HIB+Hep B
- Prevnar, Prevnar 13
- Pneumovax 23, PreV
- Pneumococcal
- Ipol = IPV
- MMRV = MMR+Varicella

[IMM-8] JUL 12

J0491
New Jersey Department of Health  
STANDARD SCHOOL/CHILD CARE CENTER IMMUNIZATION RECORD

| NAME OF CHILD (Last, First, MI) | Stewie Griffin |
| NAME OF PARENT/GUARDIAN | Peter + Lois Griffin |
| ADDRESS | Hackensack, NJ 07601 |

**Immunization Registry Number**

<table>
<thead>
<tr>
<th>VACCINE TYPE</th>
<th>1ST DOSE</th>
<th>2ND DOSE</th>
<th>3RD DOSE</th>
<th>4TH DOSE</th>
<th>5TH DOSE</th>
<th>LEAD SCREENING (Not Required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPHTHERIA, TETANUS, PERTUSSIS (DTP) or any combination (DTaP or DT) (if Td or DTaP, indicate in corner box)</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>TEST DATE</td>
</tr>
<tr>
<td>POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)</td>
<td>X</td>
<td></td>
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<tr>
<td>MEASLES, MUMPS, RUBELLA (MMR)</td>
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<tr>
<td>HAEMOPHILUS B (HIB) (2)</td>
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<td>HEPATITIS B (3)</td>
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<td>VARICELLA (4)</td>
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<tr>
<td>PNEUMOCOCCAL CONJUGATE (2)</td>
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<tr>
<td>INFLUENZA (6)</td>
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<tr>
<td>OTHER, SPECIFY:</td>
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</tr>
</tbody>
</table>

(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 8 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 MODAY/YR, serologies require titers, and varicella disease history requires MO/YR.
(6) Required for child care/preschool enrollees (6 months - 59 Months)

MINIMAL IMMUNIZATION REQUIREMENTS FOR 
18 Month Old Toddler:

- 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 31 of current school year)

**Vaccine Combinations May Include:**

<table>
<thead>
<tr>
<th>Vaccine Combination</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TriHIBit= DTaP+HIB</td>
<td>Comvax= HIB+Hep B</td>
</tr>
<tr>
<td>Pediarix= DTaP+HepB+IPV</td>
<td>Prevnar, Prevnar 13</td>
</tr>
<tr>
<td>Kinrix= DTaP+IPV</td>
<td>Pneumovax 23, PCV</td>
</tr>
<tr>
<td>Pentacel= DTaP+IPV+HIB</td>
<td>Ipol= IPV</td>
</tr>
<tr>
<td>MMR II/MMR= MMR</td>
<td>MMRV= MMR+Varicella</td>
</tr>
<tr>
<td>Varivax= Varicella</td>
<td>FluMist/Flu= Influenza</td>
</tr>
</tbody>
</table>
**NAME OF CHILD (Last, First, Mi):** Ricky Riccardo

**DATE OF BIRTH (Mo./Day/Year):** XX-XX-XXX

**SEX:** M/F

**NAME OF PARENT/GUARDIAN:** Lucy + Ricky Riccardo

**TELEPHONE NUMBER(S):** 201-634-2652

**ADDRESS:** One Bergen ("Sunset Plaza"

**HACKENACK, NJ 07601**

<table>
<thead>
<tr>
<th>VACCINE TYPE</th>
<th>1ST DOSE MO/DAY/YR</th>
<th>2ND DOSE MO/DAY/YR</th>
<th>3RD DOSE MO/DAY/YR</th>
<th>4TH DOSE MO/DAY/YR</th>
<th>5TH DOSE MO/DAY/YR</th>
<th>LEAD SCREENING (Not Required)</th>
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<tbody>
<tr>
<td>DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination:</td>
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<tr>
<td>(Polio-IV) or</td>
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<td>Document: below single antigen vaccine receipt, serology titers, or Varicella disease history</td>
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<td>any combination (if Td or DT, indicate in corner box)</td>
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<tr>
<td>POLIO-INACTIVATED POLIO VACCINE (IPV)</td>
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<tr>
<td>(If oral vaccine, indicate OPV in corner box)</td>
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<td>HAEMOPHILUS B (HIB)</td>
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<tr>
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<td>VACCINE</td>
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<td>VARICELLA</td>
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<tr>
<td>PNEUMOCOCCAL CONJUGATE</td>
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<td>INFLUENZA</td>
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</tbody>
</table>

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 31 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
- Prevran, Prevran 13
- Pneumovax 23
- Ipol = IPV
- MMRV = MMR + Varicella
- FluMist/Flu = Influenza

---

**NOTE:**

- [ ] Provisional Admission Attached - Date Granted:
- [ ] Medical Exemption Attached
- [ ] Religious Exemption Attached

---

**REQUIREMENTS:**

- [ ] REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLIEES (6 Months - 59 Months)
- [ ] REQUIRED FOR K-GRADE 1 (whichever is first), GRADE 6 BEGINNING 9-1-01, AND GRADE 9-12, EFFECTIVE 9-1-04.
- [ ] REQUIRED FOR DO/CHILD CARE ENROLLIEES (19 Months and older) AND GRADE K-GRADE 1 (whichever is first), EFFECTIVE 9-1-04.
- [ ] MMR single antigen receipt requires MOD/DAY/YR; serologies require titers; and varicella disease history requires MOD/YR.
### New Jersey Department of Health
#### STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

<table>
<thead>
<tr>
<th>VACCINE TYPE</th>
<th>1ST DOSE MO/DAY/YR</th>
<th>2ND DOSE MO/DAY/YR</th>
<th>3RD DOSE MO/DAY/YR</th>
<th>4TH DOSE MO/DAY/YR</th>
<th>5TH DOSE MO/DAY/YR</th>
<th>LEAD SCREENING (Not Required)</th>
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<tbody>
<tr>
<td>DIPHTHERIA, TETANUS, PERTUSSIS (DTP) or any combination (If Td or DT[1], indicate in corner box)</td>
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</tbody>
</table>

(1) REQUIRES MEDICAL EXEMPTION.
(2) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLMENTS (2 Months - 5th Birthday Only).
(3) REQUIRED FOR K-GRADE 1 (whichever is first), GRADE 6 BEGINNING 8-1-01; AND GRADES 8-12, EFFECTIVE 9-1-04.
(4) REQUIRED FOR DAY/CHILD CARE ENROLLMENTS (10 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04.
(5) MMIR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/DAY/YR.
(6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLMENTS (6 Months - 59 Months)

MINIMAL IMMUNIZATION REQUIREMENTS FOR
5 Year Old Kindergartener:

- 5 Doses DTP
- 4 Doses Polio
- 2 Doses MMR* (After 1st Birthday)
- 1 Dose Varicella* (After 1st Birthday)
- 3 Doses Hepatitis B

**VACCINE COMBINATIONS MAY INCLUDE:**

- TriHIBit = DTP+HIB
- Pediarl = DTP+HepB+IPV
- Kinrix = DTP+IPV
- Pentacel = DTP+IPV+HIB
- MMR II/MMR = MMR
- Varivax = Varicella

- Convax = HIB+Hep B
- Prevnar, Prevnar 13 = pneumococcal
- Pneumovax 23, PCV5
- Ipol = IPV
- MMRV = MMR+Varicella
- FluMist/Flu = Influenza