

# WANAQUE PUBLIC SCHOOL DISTRICT

## School Certification of Immunization

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

School \_\_\_\_\_

In order to have a **complete** immunization record, all pupils entering Kindergarten in September will be required by the New Jersey State Department of Health, to provide documentation of the **complete date** and **type of vaccine** for the following immunizations:

VACCINE	TYPE of VACCINE	DATES GIVEN (month/day/year)
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTaP, DTaP-Hib,DTaP-HepB-IPV, DT, DTaP-Hib-IPV, Td) given IM.		
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV, DTap-Hib-IPV, DTaP-IPV) Given SC or IM for IPV. Give all other IM.		
<b>Measles, Mumps, Rubella</b> (e.g., MMR, MMRV)		
<b>Varicella</b> (e.g., Var, MMRV) <b>OR</b> <u>Disease history</u> Disease date – month/year		
<b>Haemophilus influenza type b</b> (e.g., Hib, Hib-HepB, DTaP-Hib-IPV, DTap-Hib)		
<b>Hepatitis B</b> (e.g., HepB, Hib-HepB, DTaP-HepB-IPV)		
<b>Pneumococcal</b> (e.g., PCV, conjugate;PPV, polysaccharide)		
<b>Meningococcal</b> (e.g., MCV4;MPSV4, Menactra)		
<b>Hepatitis A</b> (e.g., HepA)		
<b>Rotavirus (Rota)</b>		
<b>Human Papillomavirus</b> (e.g., HPV)		
<b>Influenza</b>		
<b>Other</b>		

Physician's Signature \_\_\_\_\_

Physician's Name and Address \_\_\_\_\_

\_\_\_\_\_  
Date