

RIDGEWOOD PUBLIC SCHOOLS
Ridgewood, New Jersey

State of New Jersey
IMMUNIZATION RECORD
Kindergarten – Grades 12

		Immunization Registry Number	
Name of Child (Last, First, M.I.)		Date of Birth (Mo/Day/Yr)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian	Name		Telephone No.
	Address		

TO BE COMPLETED BY HEALTH CARE PROVIDER

DISEASE	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			
DTaP (DIPHTHERIA, TETANUS, PERTUSSIS) or any combination <i>*If Td or DT, indicate in box</i>	/___/	/___/	/___/	/___/	/___/			
Tdap (TETANUS, DIPHTHERIA TOXOIDS, ACELLULAR PERTUSSIS)								
IPV (INACTIVATED POLIOVIRUS) OR OPV (ORAL POLIOVIRUS) <i>If IPV or OPV, indicate in box</i>	/___/	/___/	/___/	/___/	/___/			
MMR (MEASLES, MUMPS, RUBELLA)								
HEPATITIS B								
VARICELLA								
PCV (PNEUMOCOCCAL CONJUGATE)								
MENINGOCOCCAL								
HPV (HUMAN PAPILLOMAVIRUS)								
HIB (HAEMOPHILUS INFLUENZA TYPE B)								

Lead Screening	
Test Date	Result

Document below single antigen vaccine receipt, serology titers, or varicella disease history		
Hepatitis B	Date:	Titer:
Varicella	Date:	Titer:
Measles	Date:	Titer:
Mumps	Date:	Titer:
Rubella	Date:	Titer:

- Provisional Admission Attached-Date Granted: _____
- Medical Exemption Attached
- Religious Exemption Attached