

Dear Parent/Guardian:

DUE NO LATER THAN CHILD'S FIRST DAY OF SCHOOL

The New Jersey Department of Health and Senior Services requires one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10<sup>th</sup> birthday. Also one dose of Meningococcal-containing vaccine is required.

The state also recommends that your child have a physical prior to 6<sup>th</sup> grade entrance. Enclosed is a physical form with space for the documentation by your physician.

If your child has an appointment with the doctor past the first day of school, a note from the doctor or appointment card with the date of exam is required before the first day of school.

Please submit the required documentation no later than the child's first day of school or your child will be excluded from school until documentation is received.

Thank you for your cooperation.

School Nurse

## STATE OF NEW JERSEY HEALTH HISTORY AND APPRAISAL

IMMUNIZATION REGISTRY NUMBER \_\_\_\_\_

Name of Child (Last, First, M.I.) \_\_\_\_\_ Date of Birth (Mo/Day/Yr): \_\_\_\_\_ Sex  Male  Female

PARENT OR GUARDIAN NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

VACCINE TYPE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	LEAD-SCREENING	
						Test Date	Result
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination <i>(If Td or DT, indicate in corner box)</i>							
Tdap							
POLIO - INACTIVATED POLIO VACCINE (IPV) <i>If oral vaccine, indicate (OPV) in corner box</i>							
MEASLES, MUMPS, RUBELLA (MMR)						Document below single antigen vaccine receipt, serology, titers, or varicella disease history	
HAEMOPHILUS B (HIB)**							
HEPATITIS B					Hepatitis B	Date: _____	Titer: _____
VARICELLA					Varicella	Date: _____	Titer: _____
PNEUMOCOCCAL CONJUGATE **							
MENINGOCOCCAL					Measles	Date: _____	Titer: _____
HEPATITIS A ***							
HPV (HUMAN PAPILLOMAVIRUS) ***					Mumps	Date: _____	Titer: _____
OTHER					Rubella	Date: _____	Titer: _____

TB Mantoux      Date \_\_\_\_\_      Read \_\_\_\_\_      Results \_\_\_\_\_

Measles, Mumps and Rubella Vaccine (MMR) all students shall have received two doses of a measles containing vaccine or any vaccine combination containing live measles vaccine such as the preferred measles, mumps, and rubella.

Diphtheria, Tetanus and Pertussis (DPT)-every child less than 7 years shall have received four doses of DPT, one of which must have been administered on or after the 4<sup>th</sup> birthday. A child with any total of 5 doses of DPT is in compliance with this regulation.

Poliovirus Vaccine - every child less than 7 years shall have received a minimum of 3 doses of poliovirus vaccine, one dose of which shall have been given on or after the child's 4<sup>th</sup> birthday. Any appropriately spaced combination of 4 doses is also in compliance with this regulation.

Hepatitis B Vaccine - every child entering Kindergarten or 1<sup>st</sup> grade, shall have received 3 doses of hepatitis B vaccine prior to school entrance.

Varicella Vaccine(chicken pox) or Date of Disease -every child entering kindergarten must have received one dose of Varicella vaccine or provide a statement of previous varicella disease.

Tdap -all children entering grade 6 shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10<sup>th</sup> birthday and not less than 5 years from the last documented Td dose.

Meningococcal Vaccine - every child entering 6<sup>th</sup> grade after and 11 years of age shall have received one dose of meningococcal -containing vaccine.

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Asthma? _____	Allergies: _____
Height _____	Skin _____
Weight _____	Posture/Spine/Gait _____
Nutrition _____	Scalp/Head/Neck _____
Abdomen/Hernia _____	Coordination _____
Extremities _____	Last Eye Exam _____
Nose _____	Last Hearing Exam _____
Blood Pressure _____	Any Referrals Needed? _____
	medication: _____

Physician- Print Name \_\_\_\_\_ Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_