



# North Caldwell Board of Education

132A Gould Avenue  
 North Caldwell, NJ 07006  
**Phone:** 973-712-4400  
 www.ncboe.org

## IMMUNIZATION RECORD

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Vaccine	1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	4 <sup>th</sup> dose	Booster
<b>DPT series and booster</b> 4 doses (1 after 4 <sup>th</sup> birthday)					
<b>Tdap</b> 1 dose for pupils entering Grade 6 and born on or after 1-1-97 (not needed until five years after the last DPT/Td dose)					
<b>Polio series and booster</b> 3 doses (1 after 4 <sup>th</sup> birthday) or 4 appropriately spaced doses					
<b>Measles (preferably MMR)</b> 1 dose on or after 1 <sup>st</sup> birthday. 2 <sup>nd</sup> dose before beginning school					
<b>Rubella</b> 1 dose on or after 1 <sup>st</sup> birthday. If before 1 <sup>st</sup> birthday, must reimmunize – preferably MMR					
<b>Mumps</b> 1 dose on or after 1 <sup>st</sup> birthday. If before 1 <sup>st</sup> birthday, must reimmunize – preferably MMR					
<b>Hepatitis B</b> 3 doses required					
<b>Influenza</b> Required ANNUALLY while attending pre-school					
<b>Varicella</b> 1 dose required before entering Kindergarten/1 <sup>st</sup> Grade (whichever occurs first)	Vaccine Date				Disease (check here) <input type="checkbox"/>
<b>Pneumococcal</b> 1 dose while attending pre-school					
<b>HIB</b> 3 doses given before entering the pre-school program					
<b>Meningococcal</b> 1 dose for pupils entering Grade 6 and born after 1-1-97					

No child will be permitted to enter school without a doctor's certificate which states the child has been adequately immunized.

\_\_\_\_\_  
Signature of physician

\_\_\_\_\_  
Date

If you prefer, you may submit an immunization form from your child's doctor.

**No child will be permitted to enter school without a doctor's certificate stating the child has been adequately immunized as follows:**

- **DPT**  
A minimum of four (4) doses of DPT vaccine is required. ONE DOSE MUST BE GIVEN ON OR AFTER THE FOURTH BIRTHDAY.
- **POLIO**  
A minimum of three (3) doses of oral polio is required. ONE DOSE MUST BE GIVEN ON OR AFTER THE FOURTH BIRTHDAY.
- **MEASLES** (preferably MMR)  
One (1) dose of measles vaccine GIVEN ON OR AFTER THE FIRST BIRTHDAY. Fifteen months is the recommended age for measles vaccination. A SECOND DOSE OF MEASLES VACCINE, PREFERRABLY MMR, IS REQUIRED OF ALL CHILDREN BORN AFTER JANUARY 1, 1990.
- **GERMAN MEASLES** (rubella)  
One (1) dose of rubella vaccine GIVEN ON OR AFTER THE FIRST BIRTHDAY.
- **MUMPS**  
One (1) dose of mumps vaccine GIVEN ON OR AFTER THE FIRST BIRTHDAY.
- **HEPATITIS B**  
Three (3) doses of hepatitis B vaccine GIVEN BEFORE ENTERING KINDERGARTEN/GRADE 1 (whichever occurs first).
- **INFLUENZA**  
Beginning in September 2008 children attending pre-school or licensed childcare center are required to receive an ANNUAL influenza vaccine.
- **VARICELLA** (chicken pox)  
One (1) dose of varicella vaccine GIVEN BEFORE ENTERING KINDERGARTEN/GRADE 1 (whichever occurs first). If your child has had the chicken pox disease, a note is required with the month, day and year of the disease for school records.
- **PNEUMOCOCCAL** (pneumonia)  
Beginning in September 2008 children attending pre-school or licensed childcare center are required to receive 1 dose of pneumococcal vaccine.
- **HIB**  
Three (3) doses of HIB GIVEN BEFORE ENTERING THE PRE-SCHOOL PROGRAM.