



# Denville Township Schools

400 Morris Ave, Suite 279, Denville, New Jersey 07834

## Record of Immunizations

**MUST be completed by Doctor's Office**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Vaccine Date

Vaccines	Dose(s)	Month	Day	Year
Diphtheria, Tetanus, acellular Pertussis (Indicate Specific Vaccine Given:) <input type="checkbox"/> DTaP <input type="checkbox"/> DT <input type="checkbox"/> Td	1			
	2			
	3			
	4			
	5			
Tdap (Tetanus, Diphtheria, acellular Pertussis) (One dose requirement after age 10)	1			
Polio (OPV/IPV)	1			
	2			
	3			
	4			
MMR (measles, mumps, rubella) or lab evidence of immunity	1			
	2			
Haemophilus influenza Type b (Hib)	1			
	2			
	3			
	4			
Pneumococcal Conjugate	1			
	2			
	3			
	4			
Hepatitis A	1			
	2			
Hepatitis B (HBV)	1			
	2			
	3			
Meningococcal	1			
Varicella	1			
	2			
Influenza (One Dose Requirement by Dec. 31 for Pre-Kindergarten)	1			
Tuberculin Skin Test (Optional)				
Type:				
Date:				
Results:				

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (Please Print): \_\_\_\_\_

**Note:** A Document with the information listed above from your doctor's office is acceptable and preferred. Thank you.