

# The Hun School of Princeton

## Immunization Record

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- 1) In what state or country did the student attend school last year : \_\_\_\_\_
- 2) Please indicate status of student in the upcoming school year (circle those that apply) :

Resident      Day      Returning      New      Grade: \_\_\_\_\_

- 3) All international students entering a New Jersey school for the **first** time must have a Mantoux skin test for Tuberculosis **if their home country is not listed on the attached list of low incidence countries requiring no TB testing.**

If it is determined that the student has a positive result (10 mm or greater), please document subsequent follow up, chest X-ray, medication, and doctor note.

- 4) **The state of New Jersey requires all students receive Tdap (tetanus, diphtheria, acellular pertussis) and meningococcal vaccines upon turning 11 years of age and/or entering sixth grade.**
- 5) **Varicella vaccine or history of disease is required by the state of New Jersey for school entry.**
- 6) **Students entering school in New Jersey after grade six must meet all the above requirements.**
- 7) All records must be submitted in English or with full translation.

Vaccine Type	Primary Series			Boosters			Disease HX
	1 <sup>st</sup> Dose Mo/Day/Yr	2 <sup>nd</sup> Dose Mo/Day/Yr	3 <sup>rd</sup> Dose Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Tdap Mo/Day/Yr	
DPT and/or (Tdap)- Most recent must include pertussis							
Polio							
MMR-2 doses (both must be given <b>after</b> 1 year of age)							
Hepatitis B-series must be completed							
Meningitis vaccine-MCV4 or serogroups A,C,Y, and W135							
Varicella-1 dose required on or after 1st birthday or history of disease							
Physician's Signature:						Date:	

**If required: See item #3 above.**

TB Screening	Date:	Results (mm)	Date:	Results (mm)
TB (must be Mantoux)				
Follow up (Chest X-Ray, pharmacology, etc.)				