



FLORENCE M. GAUDINEER MIDDLE SCHOOL

75 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NEW JERSEY 07081
(973) 376-1025

Timothy P. Kielty
Principal

Matthew Lynch
Vice Principal

Health Office

Mrs. Renee Mowczan, BS, BSN, RN, CSN
Certified School Nurse

Telephone # 973-376-1025 ext. 1226
Fax # 973-376-3259

Name of Student: _____ DOB: _____

(A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form).

Received these immunizations on the following date(s):

Date of Meningococcal Vaccine: _____
(Circle one) MCV4 (Menactra) / MPSV4 (Menomune)

Date of Tdap Vaccine: _____

I certify that this child is ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school prescribed by the State Board of Health's Regulations for the Immunization of School Children.

Signature of Medical Provider
or Health Department Official: _____

Name of Medical Provider
or Health Department Official (stamp or print): _____