

**PROVISIONAL ADMISSION
 STUDENT TRACKING RECORD**

| | | | |
|------------------------------|---------------|--------------------------------|--|
| Name of School | | Date | |
| Street Address | | City | |
| Name of School Administrator | | Telephone Number | |
| Name of Student | Date of Birth | Date of Provisional Admittance | |

CHECK THE DOSE(S) NEEDED AND THE DUE DATE ON THE LINE PROVIDED.

| VACCINES | DOSE(S) | VACCINE SCHEDULE |
|--|---------|------------------|
| Diphtheria, Tetanus, acellular Pertussis (INDICATE THE SPECIFIC VACCINE REQUIRED:) <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) | 1 | |
| Polio (IPV) | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| Measles, Mumps, Rubella (MMR) | 1 | |
| | 2 | |
| <i>Haemophilus influenzae</i> Type b (Hib) | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| Hepatitis B | 1 | |
| | 2 | |
| | 3 | |
| Pneumococcal Conjugate (PCV 13) | 1 | |
| | 2 | |
| | 3 | |
| | 4 | |
| Varicella (One dose requirement) | 1 | |
| Meningococcal (One dose requirement) | 1 | |
| Influenza (One dose requirement by December 31) | 1 | |

DEFINITION: Provisional admission only applies to multi-dose vaccine requirements - NOT single dose vaccine requirements. Students need to receive a minimum of one dose of each of the required vaccines in order to be provisionally admitted. Pupils must be actively in the process of completing the series and on schedule to receive subsequent doses as rapidly as medically feasible. NJ follows CDC/ACIP Recommended Catch-Up Immunization Schedule. Please see the following link for guidance: <http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf>.

Please refer to the NJ Vaccine Preventable Disease Program website to access the immunization regulations and requirements for school attendance, <http://nj.gov/health/cd/imm.shtml>.