

LENAPE REGIONAL HIGH SCHOOL DISTRICT

IMMUNIZATION FORM

To the Parent/Guardian of: _____

Chapter 14 of the State Sanitary Code: REGULATION 5: **PROVISIONAL ADMISSION**

No child will be enrolled provisionally to a school or child care center without documentation of at least one dose of Polio, Diphtheria, Tetanus, Pertussis, Measles, Mumps, Rubella, Meningococcal (if born on or before 1-1-1997), and Varicella (if born on or before 1-1-1998). The child must also have an appointment for and be in the process of receiving the remaining immunizations.

Your physician should fill in the dates and sign the form below or you may bring in written documentation that includes dates of the vaccinations from a physician or health clinic. In New Jersey, a signed copy of the Student Health Record may be used to document immunizations.

Student's Name: _____ Date of Birth: _____

VACCINE TYPE	1st	2nd	3rd	4th	5th
DTaP/DTP					
TD/Tdap					
POLIO					
HEPATITIS B					
MMR					
MEASLES					
RUBELLA					
MENINGOCOCCAL (If born on or after 1/1/97)					
VARICELLA (If born on or after 1/1/98) or date of Varicella Disease (Chickenpox) _____					

Physician's Name: _____

Address: _____

Phone Number: _____

Physician's signature: _____

Physician's Stamp: _____ Date: _____