



Health Services Information

All new students entering the Township of Livingston Public Schools must have the following health-related documentation on record **prior to his/her first day of school**. If registering for the next school year, please provide the completed Health Services Information packet at the time of your registration appointment.

Pursuant to Title 8-Chapter 57, New Jersey Department of Health and Regulations require that all New Jersey pupils be immunized with the following vaccines. **No pupil will be admitted to any school in our district without evidence of having been immunized** by the following agents and a Certificate of Immunization History completed and signed by a licensed health care provider:

Pre-school entrance requirements at Burnet Hill:

HIB vaccine - 3 required

Influenza vaccine – current

Pneumococcal – current

Diphtheria Pertussis Toxoid (DTaP) – 4 required

Poliomyelitis Vaccine (IPV/OPV) – 3 required

Measles, Mumps, Rubella Vaccine and Booster (MMR) – 1 required

Hepatitis B series – 3 required

Varicella Vaccine – 1 required

Elementary School requirements:

Diphtheria Pertussis Toxoid (DTaP) – 5 required

Poliomyelitis Vaccine (IPV/OPV) – 4 required

Measles, Mumps, Rubella Vaccine and Booster (MMR) – 2 required

Hepatitis B series – 3 required

Varicella Vaccine – 1 required

Mandatory for Entrance into grade 6:

Tdap Booster vaccine (for students born after 1997 as well)

Meningococcal Vaccine

Pursuant to N.J.A.C. 6A:16-2.2, upon entering the school district each child must have an up-to-date physical examination. This examination must have been completed by a licensed health care provider no more than 365 days prior to entering school. Failure to submit a Student Medical Information/Immunization Form could result in your child's exclusion from school.

Student Medical Examination/Immunization Record Form/Dental Form

Please include the Examination Date at the top of the form

Confidential Medical Information Form

Mantoux Tuberculin Notification Form (if applicable)



Livingston Public Schools

11 Foxcroft Drive - Livingston, New Jersey 07039

Student Medical Examination/Immunization Record *(Form to be completed by a licensed health provider.)*

Examination Date _____

Student Name: _____ Date of Birth: _____ Female Male

Home Address: _____

School: _____ Grade: _____

Growth and Development: Normal _____ Premature _____ Term _____

Complications _____

Early illness or injury _____

Systems Review:

Height _____ Weight _____ BMI _____ Blood Pressure _____

Vision: R _____ L _____ B _____ Glasses/Contacts _____

Audio: R _____ L _____ EENT _____ Speech _____

Integument _____ Head & Neck _____ Lymphatic _____

Respiratory _____ Cardiovascular _____ Abdomen _____

Gastrointestinal _____ Genitourinary _____ Urinalysis _____

Musculoskeletal _____ Hernia _____ Scoliosis _____

Nervous _____ Emotional Symptoms _____ Nutrition _____

Neurological/Psychological: _____

General Assessment: _____

Remarks (Please list any special needs and/or medication required.): _____

Medical History:

	Year		Year		Year		Year
Allergies		Asthma		Otitis Media		Operations/Injuries	
Drug Sensitivities		Chicken Pox		Rheumatic Fever			
Lyme Disease		Seizure Disorder		Strep Infections		Hospitalizations	
Hepatitis		Diabetes		Mononucleosis			
Neuromuscular Disease		Heart Disease		Other		Congenital Defects	

(Please use page 2 for immunization history.)



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Dental Form

(Form to be completed by dentist.)

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Name of Dentist: _____

Address of Dentist: _____

Dentist's Phone Number: _____ Dentist's FAX Number: _____

Date of Last Dental Exam: _____

Describe dental care student requires:

Signature of Dentist

Date