

Blair Academy Center for Health & Well-Being

2 PARK STREET BLAIRSTOWN, NEW JERSEY 07825 | TEL: 908-362-2010 | FAX: 908-362-7885

Immunization History Form

To be completed by HealthCare Provider

STUDENT NAME: _____**DATE of BIRTH:**_____

ALL NEW STUDENTS: New Jersey Immunization Requirements are listed here; please have your HealthCare Provider complete the grid. Provider's office form is also acceptable with Office Stamp.

RETURNING STUDENTS: Please have your HealthCare Provider List ***ONLY*** newly received vaccines in the grid.

The Following Vaccines are REQUIRED for school attendance by the State of New Jersey:

4 doses	**Tetanus, diphtheria & acellular pertussis**	• **4 doses** of a tetanus- and diphtheria-containing vaccine • **1 dose on or after the 4th birthday** • Acceptable vaccines include DTaP, DTP, DT, Td,
1 dose	**Tdap**	• **1 dose of Tdap** required **on or after the 10th birthday**
4 doses	**Polio**	• **4 doses required** • The **4th dose is not required** if the **3rd dose was given at age 4 or older and at least 6 months after the previous dose** • **Polio titers are NOT acceptable** IPV and OPV are acceptable if administered according to recommended schedules
2 doses	**MMR (Measles Mumps, Rubella)**	• **2 doses required** • First dose must be given **on or after the 1st birthday** • **Laboratory evidence of immunity is acceptable**
3 doses	**Hepatitis B**	• **3 doses required** OR • **Lab Titers- proof of immunity**
2 doses	**Meningococcal (ACYW)**	• **1 dose of MenACWY for students in grades 9-12** • A **2nd dose at age 16 is recommended, but NOT required.** (Typically required for college).
1 dose	**Varicella**	• **1 dose required for students in grades 9–12** OR • **Documentation of disease** from a healthcare provider or parent
	Tuberculosis Screening Required by Blair Academy **Please schedule with your Health Care Provider at the time of your physical**	• **All domestic students** must have **one TB screening** (TST or IGRA) upon entry to Blair Academy • This screening remains valid for the duration of enrollment • **All international students from high-burden TB countries** must have **annual TB screening** (TST or IGRA) within **12 weeks prior to the start of the school year**



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ALL NEW STUDENTS: New Jersey Immunization Requirements are listed here; please have your HealthCare Provider complete the grid. Provider's office form is also acceptable with Office Stamp.

RETURNING STUDENTS: Please have your HealthCare Provider List ***ONLY the newly*** received vaccines in the grid.
RECORD DATES with EXACT MONTH, DAY, YEAR (MM/DD/YYYY)

	1	2	3	4	5
DTaP, DPT, DT, TD					
Tdap (1 dose)					
Polio (OPV/IPV)					
MMR (2 doses)					
Hepatitis B (3 doses)					
Varicella Vaccine (1 dose or Lab Titer)					
Meningococcal ACYW					
Other Optional Vaccines (Please list here if applicable)					

Provider Signature:_____ Provider Name (Please Print):_____ Date Completed: _____	Office Stamp: (or write in Name of Facility,Address and Phone number)



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STUDENT NAME: _____**DATE of BIRTH:**_____

Tuberculosis (TB) Assessment and Testing

ALL STUDENTS (new, returning, domestic, and international) must have this section completed by their **healthcare provider**.

Domestic Students	**International Students**
All domestic students are required to have **one TB screening test**: ○ **Tuberculin Skin Test (TST) OR** ○ **Interferon Gamma Release Assay (IGRA) blood test** • The test must be completed **within 12 weeks prior to the start of school**. • This TB screening will remain **valid for the student's four-year tenure at Blair Academy**, **unless new TB risk factors develop**.	**New International Students (All Countries)** All new international students must have a **Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) blood test** completed **within 12 weeks prior to starting school**. **International Students from High-Burden TB Countries** Any international student who **lives in or comes from a country with high TB prevalence** must have **annual TB testing** (TST or IGRA) **within 12 weeks prior to the start of each school year**.

Note: TB testing is not required by the State of New Jersey for all students but is a Blair Academy health requirement.

***Note:** If a TB test is positive, a **chest X-ray report and details of any treatment** must be provided. Submit all documentation to **healthcenter@blair.edu**.*

Circle test performed:

TB Skin Test: Date Placed_____ Date Read_____Result_____Induration(mm)_____

Blood Test (QFT Gold Plus, T-Spot, other) **attach results** Date_____Result_____

Chest X-ray Date: _____ Result:_____

Treatment Details:_____

Indicate if the student was previously diagnosed with ACTIVE or LATENT tuberculosis infection (Date)_____

Provider Signature:_____ Provider Name (Please Print):_____ Date Completed: _____	Office Stamp: (or write in Name of Facility,Address and Phone number)