MOUNT ARLINGTON PUBLIC SCHOOL DISTRICT
EDITH M. DECKER SCHOOL
446 HOWARD BOULEVARD
MOUNT ARLINGTON, NEW JERSEY 07856
TELEPHONE: 973-398-6400 **FAX: 973-909-7100**

Student name_____ **Date of birth**_____

PRESCHOOL IMMUNIZATION REQUIREMENTS

1. **DTP** (diphtheria, tetanus, & pertussis)- 4 doses.
2. **Polio**- 3 doses.
3. **Hib** (Haemophilus influenzae type b) - 3-4 doses.
4. **PCV** (pneumococcal conjugate) - 4 doses.
5. **MMR** (measles, mumps, rubella)- 1 dose.
6. **Varicella** (chicken pox)- 1 dose.
7. **Influenza** - 1 dose, due annually by **11/30**.

Dates must be completed **by your health care provider** in the spaces provided below before any child will be permitted to enter school. Alternatively, attach a stamped immunization record from your healthcare provider.

PROOF OF IMMUNIZATION

DTP _____ _____ _____ _____ Polio _____ _____ _____ _____

Hib_____ _____ _____ _____ PCV _____ _____ _____ _____

MMR _____ Varicella _____ Influenza _____

Other_____

Printed Name/Address/Phone/Fax

_____ _____

Health Care Provider Signature Date