



Mount Arlington

PUBLIC SCHOOLS

Mount Arlington Public School Nurse: 973-398-4400
235 Howard Blvd x437
Mount Arlington, NJ 07856 Fax: 973-909-7100

Edith M. Decker School Nurse: 973-398-4400
446 Howard Blvd x220
Mount Arlington, NJ 07856 Fax: 973-909-7100

Student Name _____ Date of Birth _____

IMMUNIZATION REQUIREMENTS (K-8)

1. **DTP** (diphtheria, tetanus, & pertussis)- 4 or 5 doses, with one dose on or after the 4th birthday
2. **Polio**- 3 or 4 doses, with one dose on or after the 4th birthday.
3. **MMR** (measles, mumps, rubella)- 2 doses.
4. **Varicella** (chicken pox)- 1 dose
5. **Hepatitis B**- 3 doses or (an approved 2-dose series).
6. **Meningococcal**- 1 dose for 7th grade and higher (given at age 10 and older).
7. **Tdap** (tetanus, diphtheria, acellular pertussis)- 1 dose for 7th grade and higher (given at age 10 and older).

Dates must be completed **by your health care provider** in the spaces provided below before any child will be permitted to enter school.

/Or/

Alternatively, attach a **stamped immunization record from your healthcare provider.**

PROOF OF IMMUNIZATION

DTP _____ Tdap _____
Polio _____ MMR _____
Varicella _____ Hepatitis B _____
Meningococcal _____ Other _____

Printed Name/Address/Phone/Fax

Health Care Provider Signature

Date