

**New Jersey Department of Health and Senior Services  
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD**

**PALISADES COUNTRY  
DAY CAMP**

NAME OF CHILD (Last, First, MI)					DATE OF BIRTH (Mo./Day/Yr.)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
NAME OF PARENT/GUARDIAN					TELEPHONE NUMBER			
ADDRESS					NAME OF DOCTOR			
ADDRESS					DOCTOR'S TELEPHONE NO.			
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	MO/DAY/YR	MO/DAY/YR	
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT <sup>(1)</sup> , indicate in corner box)								
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)								
MEASLES, MUMPS, RUBELLA (MMR)						<sup>(5)</sup> Document below single antigen vaccine receipt, serology titers, or varicella disease history		
HAEMOPHILUS B (HIB) <sup>(2)</sup>								
HEPATITIS B <sup>(3)</sup>						Hepatitis B	DATE:	TITER:
VARICELLA <sup>(4)</sup>						Varicella	DATE:	TITER:
PNEUMOCOCCAL CONJUGATE (not required)						Measles	DATE:	TITER:
OTHER, SPECIFY:						Mumps	DATE:	TITER:
LEAD SCREENING (not required)	TEST DATE:	RESULT:				Rubella	DATE:	TITER:
<input type="checkbox"/> Provisional Admission Attached - Date Granted: _____ <input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached								

<sup>(1)</sup> REQUIRES MEDICAL EXEMPTION.

<sup>(2)</sup> REQUIRED FOR DAY/CHILD CARE ENROLLEES (2 Months - 5th Birthday Only)

<sup>(3)</sup> REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04.

<sup>(4)</sup> REQUIRED FOR DAY/CHILD CARE ENROLLEES (19 months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04.

<sup>(5)</sup> MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.