

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

Required Immunizations - by age

**19 MONTHS**

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(S)						
ADDRESS		IMMUNIZATION REGISTRY NUMBER						
ADDRESS								
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	LEAD SCREENING (Not Required)	TEST DATE	RESULT
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (if Td or DT <sup>(1)</sup> ) Indicate in corner box	<input checked="" type="checkbox"/> required	<input checked="" type="checkbox"/> required	<input checked="" type="checkbox"/> required	<input checked="" type="checkbox"/> required				
POLIO-INACTIVATED POLIO VACCINE (IPV) (if oral vaccine, indicate OPV in corner box)	<input checked="" type="checkbox"/> required	<input checked="" type="checkbox"/> required	<input checked="" type="checkbox"/> required					
MEASLES, MUMPS, RUBELLA (MMR)	<input checked="" type="checkbox"/> required							
HAEMOPHILUS B (HIB) <sup>(2)</sup>	<input checked="" type="checkbox"/> 1 dose required after 1 <sup>st</sup> birthday							
HEPATITIS B <sup>(3)</sup>	<input type="checkbox"/> recommended	<input type="checkbox"/> recommended	<input type="checkbox"/> recommended					
VARICELLA <sup>(4)</sup>	<input checked="" type="checkbox"/> required							
PNEUMOCOCCAL CONJUGATE <sup>(2)</sup>	<input checked="" type="checkbox"/> 1 dose required after 1 <sup>st</sup> birthday							
INFLUENZA <sup>(5)</sup>	<input checked="" type="checkbox"/> by 12/31 during 9/1-3/31 flu season	<input type="checkbox"/> recommended						
OTHER, SPECIFY:	<input type="checkbox"/> Hepatitis A							

Provisional Admission Attached - Date Granted: \_\_\_\_\_  Medical Exemption Attached  Religious Exemption Attached

- (1) REQUIRES MEDICAL EXEMPTION  
 (2) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only)  
 (3) REQUIRED FOR K-GRADE 1 (whichever is first) GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04  
 (4) REQUIRED FOR DAYCHILD CARE ENROLLED (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04  
 (5) MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and Varicella disease history requires MO/YR.  
 (6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)

required at a younger age  required by this age

<sup>(5)</sup> Document below single antigen vaccine receipt, serology titers, or Varicella disease history

VACCINE TYPE	VACCINE NAME	ANTIGENS INCLUDED	AGE GIVEN
Diphtheria, Tetanus, Pertussis (DTaP) or any combination for children	Daptacel	DTaP	6wks up to 7 yrs.
	Infanrix	DTaP	6wks up to 7 yrs.
	Tripedia	DTaP	6wks up to 7 yrs.
	TriHIBit	DTaP, HIB	4th dose only
	Pediarix	DTaP, Hep B, IPV	6wks up to 7 yrs.
Tetanus, Diphtheria, Pertussis (Tdap) adol/adult formulation	Kinrix	DTaP & IPV	4 to 6 yrs
	Pentacel	DTaP IPV, HIB	6wks-4yrs
	Adacel	Tdap	11 - 64 yo
Polio (IPV)	Boostrix	Tdap	10 - 64 yo
	Decavac	Td	7 yrs & older
Measles, Mumps, Rubella (MMR)	IPV		6 wks & older
	Pediarix	DTaP, Hep B, IPV	6wks up to 7 yrs.
	Kinrix	DTaP & IPV	4 to 6 yrs
	Pentacel	DTaP IPV, HIB	6wks-4yrs
	MMR	MMR	12 mos & older
Haemophilus B meningitis (HIB)	Priorix	MMR	12mos. & older
	Proquad	MMRV	12 mos. -12yrs.
	ActHIB	HIB	2 months - 5 yrs
	Hiberix	HIB	2 months - 5 yrs
	Pedvax HIB	HIB	2 months - 5 yrs
Hepatitis B (HepB)	TriHIBit	DTaP, HIB	4th dose only
	Pentacel	DTaP IPV, HIB	6wks-4yrs
	Comvax	Hep B, HIB	6wks. to 15 mos
	Engerix	HepB	Birth and up
	Comvax	Hep B, HIB	6wks. to 15 mos.
Hepatitis A (HepA)	Twinnix	Hep A & Hep B	18 yrs & older
	Havrix	Hep A	12mos & older
	Vaqta	Hep A	12 mos & older
Chicken Pox (Varicella)	Twinnix	Hep A & Hep B	18 yrs & older
	Varivax	Varicella	12 mos & older
	Proquad	MMRV	12 mos. -12yrs.
Prevnar (Pneumococcal Conjugate)	Prevnar (PCV7, PCV13)	Pneumococcal Conjugate	2mos-59mos.
	Pneumovax23	Pneumococcal Polysaccharide	2yrs & older
	Cervarix	HPV	10-25 females only
Human Papillomavirus (HPV)	Garidasil	HPV	9 - 26 yrs male and
	Rotarix	Rotavirus	6-24 weeks
	RotaTeq	Rotavirus	6-32 weeks
Rotavirus diarrhea	Menactra	Meningitis	2-55 yo
	Menomune	Meningitis (polysaccharide)	2yrs & older
	Menveo	Meningitis	11-55 yo
Meningitis	Afluria	Influenza	6 months & older
	Fluarix, Fluvirin	Influenza	(though not all
	Flulaval, Fluzone	Influenza	types can be given as
Influenza (Flu)	FluMist	Influenza Live Nasal	young as 6 months)

Vaccine Names - by brand

VACCINE NAME	TYPE (ANTIGEN)	AGE COHORT
ActHIB	Haemophilus B (HIB)	2 months – 5 yrs
Adacel	Diphtheria, Tetanus, Pertussis (Tdap)	11 - 64 yo
<i>Afluria</i>	<i>Influenza (Flu)</i>	
Boostrix	Diphtheria, Tetanus, Pertussis (Tdap)	10 - 64 yo
Cervarix	Human Papillomavirus (HPV)	10-25 females only
<b>Comvax</b>	Hepatitis B, Haemophilus B (Hep B, HIB)	6wks. to 15 mos.
Daptacel	Diphtheria, Tetanus, Pertussis (DTaP)	6wks up to 7 yrs.
Decavac	Tetanus, Pertussis (Td)	7 yrs & older
Engerix	Hepatitis B	Birth and up
<i>Fluarix, Flualaval, Flumist, Flavirin, Fluzone</i>	<i>Influenza (Flu)</i>	6 months & older (though not all formulations can be given as young as 6 months)
Guardasil	Human Papillomavirus (HPV)	9 – 26 yrs male and female
Havrix	Hepatitis A	12mos & older
Hiberix	Haemophilus B (HIB)	2 months – 5 yrs
Infanrix	Diphtheria, Tetanus, Pertussis (DTaP)	6wks up to 7 yrs.
<b>Kinrix</b>	Diphtheria, Tetanus, Pertussis, Polio (DTaP & IPV)	4 to 6 yrs

VACCINE NAME	TYPE (ANTIGEN)	AGE COHORT
Menactra	Meningitis	2-55 yo
Menomune	Meningitis	2yrs & older
Menveo	Meningitis	11-55 yo
MMR (Priorix)	Measles, Mumps, Rubella	12 mos & older
<b>Pediarix</b>	Diphtheria, Tetanus, Pertussis, Hepatitis B, Polio (DTaP, Hep B, IPV)	6wks up to 7 yrs.
<b>Pedvax HIB</b>	Haemophilus B (HIB)	2 months – 5 yrs
<b>Pentacel</b>	Diphtheria, Tetanus, Pertussis, Polio, Haemophilus B (DTaP IPV, HIB)	6wks-4yrs
Pneumovax23	Pneumococcal	2yrs & older
<b>Prevnar (PCV7, PCV13)</b>	Pneumococcal Conjugate	2mos-59mos.
Priorix (MMR)	Measles, Mumps, Rubella	12mos. & older
<b>Proquad (MMRV)</b>	Measles, mumps, rubella and chicken pox (varicella)	12 mos. -12yrs.
Rotarix	Rotavirus	6-24 weeks
RotaTeg	Rotavirus	6-32 weeks
TriHIBit	Diphtheria, Tetanus, Pertussis, Haemophilus B (DTaP, HIB)	12 - 15 mo booster only
Tripedia	Diphtheria, Tetanus, Pertussis (DTaP)	6wks up to 7 yrs.
Twinrix	Hepatitis A & Hepatitis B	18 yrs & older
Vaqta	Hepatitis A	12 mos & older
<b>Varivax</b>	Chicken pox (varicella)	12 months & older
Zostavax	Shingles	60yrs & older