



# Denville Township Schools

1 St. Mary's Place, 2<sup>nd</sup> Floor, Denville, New Jersey 07834

## Record of Immunizations *MUST* be completed by Doctor's Office

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Vaccines	Dose(s)	Vaccine Date		
		Month	Day	Year
Diphtheria, Tetanus, acellular Pertussis (Indicate Specific Vaccine Given:)	1			
<input type="checkbox"/> DTaP	2			
<input type="checkbox"/> DT	3			
<input type="checkbox"/> Td	4			
	5			
TdaP (Tetanus, Diphtheria, acellular Pertussis) (One dose requirement after age 10)	1			
Polio (OPV/IPV)	1			
	2			
	3			
	4			
MMR (measles, mumps, rubella) or lab evidence of immunity	1			
	2			
Haemophilus influenza Type b (Hib)	1			
	2			
	3			
	4			
Pneumococcal Conjugate	1			
	2			
	3			
	4			
Hepatitis A	1			
	2			
Hepatitis B (HBV)	1			
	2			
	3			
Meningococcal	1			
Varicella	1			
	2			
Influenza (One Dose Requirement by Dec. 31 for Pre-Kindergarten)	1			
Tuberculin Skin Test (Optional)				
Type:				
Date:				
Results:				

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (Please Print): \_\_\_\_\_

**Note:** A Document with the information listed above from your doctor's office is acceptable and preferred.  
Thank you.