FAIRFIELD PUBLIC SCHOOLS REQUIRED

PRESCHOOL TO GRADE SIX IMMUNIZATION RECORDS

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Immunization | #1 | #2 | #3 | #4 | Booster | Other |
| **DTaP:** |  |  |  |  |  |  |
| **Tdap** |  |  |  |  |  |  |
| **Polio** |  |  |  |  |  |  |
| **Measles** |  |  |  |  |  |  |
| **Rubella and Mumps** |  |  |  |  |  |  |
| Varicella (Chicken Pox) |  |  |  |  |  |  |
| **Haemophilus Influenza B**  **(Hib)** |  |  |  |  |  |  |
| **Hepatitis B** |  |  |  |  |  |  |
| **Pneumococcal** |  |  |  |  |  |  |
| **Meningococcal** |  |  |  |  |  |  |
| **Influenza** |  |  |  |  |  |  |
| **Flu Vaccination**  **Preschool Only**  **Required between 9/1 to 12/31 of the current school yr.** |  |  |  |  |  |  |

**No child will be permitted to enter school without an immunization record.**

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**REQUIRED**)

Physician’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*Please be advised that all immunizations must meet the required minimum age and intervals between doses. Please refer to the following websites for more information:**

http://nj.gov/health/cd/documents/vaccine\_qa.pdf

https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/a/age-interval-table.pdf

* **DTaP**

A minimum of four (4) doses of DPT vaccine is required. ONE DOSE MUST BE

GIVEN ON OR AFTER THE FOURTH BIRTHDAY.

* **POLIO**

A minimum of three (3) doses of oral polio is required. ONE DOSE MUST BE GIVEN ON OR AFTER THE FOURTH BIRTHDAY.

* **MEASLES** (preferably MMR)

One (1) dose of measles vaccine GIVEN ON OR AFTER THE FIRST BIRTHDAY. Fifteen months is the recommended age for measles vaccination. A SECOND DOSE OF MEASLES VACCINE, PREFERABLY MMR, IS REQUIRED OF ALL CHILDREN BORN AFTER JANUARY 1, 1990.

* **GERMAN MEASLES** (rubella)

One (1) dose of rubella vaccine GIVEN ON OR AFTER THE FIRST BIRTHDAY.

* **MUMPS**

One (1) dose of mumps vaccine GIVEN ON OR AFTER THE FIRST BIRTHDAY.

* **HEPATITIS B**

Three (3) doses of hepatitis B vaccine GIVEN BEFORE ENTERING KINDERGARTEN/GRADE 1 (whichever occurs first).

* **INFLUENZA**

Beginning in September 2008 children attending pre-school or licensed childcare center are required to receive an ANNUAL influenza vaccine.

* **VARICELLA** (chicken pox)

One (1) dose of varicella vaccine GIVEN BEFORE ENTERING KINDERGARTEN/GRADE 1 (whichever occurs first). If your child has had the chicken pox disease, a note is required with the month,

day and year of the disease for school records.

* **PNEUMOCOCCAL** (pneumonia)

Beginning in September 2008 children attending pre-school or licensed childcare center are required to receive 1 dose of pneumococcal vaccine.

* **HIB**

Three (3) doses of HIB GIVEN BEFORE ENTERING THE PRE-SCHOOL PROGRAM.

* **Tdap**

1 dose for students entering Grade 6 (not needed until 5 years after the last DPT/Td dose)

* **MENINGOCOCCAL**

One dose for students entering Grade 6 and age 11 or older.