

# Calvary Academy Record of Immunization Form

Please note: not valid without a Doctor's signature.

The State of New Jersey requires all students attending school in this state to be immunized with the following vaccinations. Regulations require **SPECIFIC DATES** of each immunization documented in English and **signed by a licensed Medical Doctor**.

**This completed form MUST be submitted to the School Nurse to review for school admittance.**  
**All vaccines/tests below are required as indicated, if the student has not received the below requirements by time of your exam please administer prior to coming to United States.**

Student's Last Name First Name M.I.

Address City State Zip code Country

Date of Birth Home Phone # Additional Phone #

Parent/guardian Name Parent/guardian's signature Date

## Diphtheria, Tetanus, & Pertussis (DTaP/DTP)

4 doses are required with one dose given on or after the 4<sup>th</sup> birthday, **or** any 5 doses.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

## Tetanus Diphtheria, Acellular Pertussis (Tdap)

1 time booster dose required at age 11 **OR** if born on or after 1/1/97 and not yet received the Tdap vaccine.

A child is NOT required to have a Tdap dose until 5 years after the last DPT/DTaP or TD dose.

1. \_\_\_\_\_

## Polio

3 Doses with one dose given on or after the 4<sup>th</sup> birthday, **or**, any 4 doses

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

## Measles

2 doses required.

1. \_\_\_\_\_ 2. \_\_\_\_\_

## Mumps

1 dose required

1. \_\_\_\_\_

## Rubella

1 dose required

1. \_\_\_\_\_

## Varicella

1 dose required for students born after 1/1/98

1. \_\_\_\_\_ Or date of disease \_\_\_\_\_

## Meningococcal (A/C/Y/W-135)

1 dose required at age 11 **OR** if born on or after 1/1/97 and has not yet received the meningococcal Vaccine. Doses given before age 10 are not acceptable.

1. \_\_\_\_\_

## Hepatitis B

3 doses are required.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PPD Tuberculosis Skin test** (*Mandatory for students entering US Schools for the first time in New Jersey*) **Chest X ray results & date:** \_\_\_\_\_

Date \_\_\_\_\_ Read: \_\_\_\_\_ mm \_\_\_\_\_ mm

(Within last six months)

(At 48 hrs)

(At 72 hrs)

(*PPD is still required even if chest x ray is done*)

Print Name of Physician Physician's Signature / Date Physician Stamp