



215 Boulevard ▪ Mountain Lakes, NJ 07046 ▪ (973) 263-1818 ▪ (973) 331-9459 (fax)
 www.theacademyforchildren.org

PHYSICIAN'S REPORT

Today's Date _____

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

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	1 ST DOSE MO/DAYIYR	2ND DOSE MO/DAYNR	3RD DOSE MO/DAYNR	4TH DOSE MO/DAYNR	5TH DOSE MO/DAYNR	MO/DAYIYR	MO/DAYIYR
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) (If Td or DT, there is indicate in corner box)							
POLIO-INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate OPV in corner box)							
MEASLES, MUMPS, RUBELLA (MMR)					(5) Document below single antigen vaccine receipt, serology titers, or varicella disease history		
HAEMOPHILUS B (HIB) (2)							
HEPATITIS B (3)					Hepatitis B	DATE:	TITER:
VARICELLA (4)					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

⁽¹⁾ REQUIRES MEDICAL EXEMPTION.
⁽²⁾ REQUIRED FOR DAY/CHILD CARE 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 DAY/CHILD CARE ENROLLEES (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.

Known allergies: _____

Currently on any medication or special diet? Please describe: _____

Operations or past history of serious illnesses _____

Seizures _____

Any physical weakness, defect or medical conditions which the Academy should take into consideration _____

