

STATE OF NEW JERSEY HEALTH HISTORY AND APPRAISAL

IMMUNIZATION REGISTRY NUMBER

Name of Child (Last, First, M.I.) _____ Date of Birth (Mo/Day/Yr) _____ Sex Male Female
 TELEPHONE NO. _____

PARENT OR GUARDIAN NAME _____ 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 | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|--------------------------|
| | | | | | | Test Date | Result |
| DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (If Td or DT, indicate in corner box) | | | | | | | |
| Tdap | | | | | | | |
| POLIO - INACTIVATED POLIO VACCINE (IPV) (If oral vaccine, indicate (OPV) in corner box) | | | | | | | |
| MEASLES, MUMPS, RUBELLA (MMR) | | | | | | Document below single antigen vaccine receipt serology titers, or varicella disease history | |
| HAEMOPHILUS B (HIB)** | | | | | | Hepatitis B | Date: _____ Titer: _____ |
| HEPATITIS B | | | | | | Varicella | Date: _____ Titer: _____ |
| VARICELLA | | | | | | Measles | Date: _____ Titer: _____ |
| PNEUMOCOCCAL CONJUGATE ** | | | | | | Mumps | Date: _____ Titer: _____ |
| MENINGOCOCCAL | | | | | | Rubella | Date: _____ Titer: _____ |
| HEPATITIS A *** | | | | | | | |
| HPV (HUMAN PAPILLOMAVIRUS) *** | | | | | | | |
| OTHER | | | | | | | |

TB Mantoux Date _____ Read _____ Results _____

Measles, Mumps and Rubella Vaccine (MMR) all students shall have received two doses of a measles containing vaccine or any vaccine combination containing live measles vaccine such as the preferred measles, mumps, and rubella.

Diphtheria, Tetanus and Pertussis (DPT)-every child less than 7-years shall have received four doses of DPT, one of which must have been administered on or after the 4th birthday. A child with any total of 5 doses of DPT is in compliance with this regulation.

Poliovirus Vaccine - every child less than 7 years shall have received a minimum of 3 doses of poliovirus vaccine, one dose of which shall have been given on or after the child's 4th birthday. Any appropriately spaced combination of 4 doses is also in compliance with this regulation.

Hepatitis B Vaccine - every child entering Kindergarten or 1st grade, shall have received 3 doses of hepatitis B vaccine prior to school entrance.

Varicella Vaccine (chicken pox) or Date of Disease - every child entering kindergarten must have received one dose of Varicella vaccine or provide a statement of previous varicella disease.

Tdap - all children entering grade 6 shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10th birthday and not less than 5 years from the last documented Td dose.

Meningococcal Vaccine - every child entering 6th grade after and 11 years of age shall have received one dose of meningococcal -containing vaccine.

Height _____
 Weight _____
 Nutrition _____
 Abdomen/Hernia _____
 Extremities _____
 Nose _____
 Blood Pressure _____

Mouth & Throat _____
 Chest & Lungs _____
 Heart _____
 Genitals _____
 Eyes _____
 Ears _____
 Any Restrictions _____

Skin _____
 Posture/Spine/Gait _____
 Scalp/Head/Neck _____
 Coordination _____
 Last Eye Exam _____
 Last Hearing Exam _____
 Any Referrals Needed? _____

Physician-- Print Name _____

Address: _____

Physician Signature: _____

Date: _____