

MENDHAM TOWNSHIP SCHOOLS
PHYSICAL EXAMINATION/IMMUNIZATION RECORD

Child's name (last) _____ (first) _____ B.D. _____ Sex _____

Height _____ Weight _____ Date Of Examination _____

CHECK IF THERE IS A PROBLEM/ABNORMALITY

Nose _____ Spine _____ Lungs _____ Vision _____ Glasses _____
 Throat _____ Chest _____ Gums/teeth _____ near _____ yes _____
 Abdomen _____ Genitals _____ Glands _____ far _____ no _____ Feet _____ Skin _____
 Nutrition _____ Hearing _____
 Blood pressure _____ Heart _____ right _____
 Healthy child? Yes _____ No _____ left _____
 Allergies _____
 Required Daily Medications _____
 Special Problems/Physical Restrictions _____
 Student may participate fully in all school programs including Physical Ed. _____

IMMUNIZATIONS DATES IMMUNIZATIONS DATES

| | | | |
|--|-------|--|-------|
| *DPT 1 | _____ | POLIO—(OPV) OR(IPV) | |
| *DPT 2 | _____ | (TYPE) | |
| *DPT 3 | _____ | *1 _____ | _____ |
| *DPT/DTaP 4 | _____ | *2 _____ | _____ |
| *DTP/DTaP 5 | _____ | *3 _____ | _____ |
| (on or after 4 th birthday) | | *4 _____ | _____ |
| | | (On or after 4 th birthday) | |

| | | | |
|-------------------------------|-------|-------|-----------------------|
| MMR# 1 | _____ | | |
| *(on or after first birthday) | | * HIB | _____ 2 _____ 3 _____ |

| | | | |
|--------------------------------|-------|---------------------|-----------------|
| MMR# 2 | _____ | | 4 _____ 5 _____ |
| *(on or after fourth birthday) | | | |
| | | *Varicella #1 _____ | #2 _____ |

| | | | |
|----------------------|------------|----------|-------------------|
| Tuberculin Test: | | | |
| (Type) Mantoux _____ | Tine _____ | | |
| (result) _____ | | * HBV | |
| | | #1 _____ | #2 _____ #3 _____ |

| | |
|---------------------|--------------------|
| Meningococcal _____ | Pneumococcal _____ |
| _____ | _____ |

Hepatitis A _____

 Physicians signature

*Required by NJ State Law to enter
 Kindergarten

See school nurse for medical or religious exemptions

NAME: _____ (To be filled out by parent)

CHILD'S HEALTH HISTORY

PRENATAL AND BIRTH HISTORY

Problems during pregnancy _____ Full term? _____
Length of labor _____ Type of delivery: normal, forceps, caesarean
Condition at birth: normal _____ jaundiced _____, cyanotic _____
Birth weight _____

DEVELOPMENTAL HISTORY: Please record any developmental problems (i.e. delayed speech, poor coordination)

MEDICAL HISTORY: Please check and include dates if possible.

Communicable diseases: Chicken pox _____ Scarlet fever _____
Measles _____ Mumps _____
Other Illnesses: Strep infections _____, Tonsillitis _____, Lyme Disease _____
Frequent colds _____, ear infections _____, other _____
Surgical procedures: _____

Injuries: (i.e. fractures concussions) _____
Physical limitations: _____
Allergies: _____
Deficiencies: Vision _____, Hearing _____, Speech _____
Eyes examined by an eye specialist? _____ If so, when _____
Wearing glasses? _____
Date of most recent dental check-up _____ Dentist Name _____

HEALTH HABITS: Please check any that cause parental concern:
Elimination _____, Bedwetting _____ Diet _____ Appetite _____
Fears _____ Peer relations _____
Sibling rivalry _____ Temper tantrums _____
Sleep _____ Other _____
Indicate # of hours sleep averaged per night _____

MEDICATIONS: Does your child take daily medications? _____
If so, please list: _____

I give the school nurse permission to share pertinent health information with other essential staff members when it is necessary to assist in meeting the health and educational needs of my child.

Signature of Parent or Guardian: _____

New Jersey Department of Health
MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY
N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL

| Disease(s) | Meets Immunization Requirements | Comments |
|--------------------------------|--|---|
| DTaP/DTP | <p>Age 1-6 years: 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses. Age 7-9 years: 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses</p> | <p>Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 4 doses. A booster dose is needed on or after the fourth birthday, to be in compliance with Kindergarten attendance requirements. Pupils after the seventh birthday should receive adult type Td. Please note: there is no acceptable titer test for pertussis.</p> |
| Tdap | <p>Grade 6 (or comparable age level for special education programs): 1 dose</p> | <p>For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child is not required to have a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.</p> |
| Polio | <p>Age 1-6 years: 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses. Age 7 or Older: Any 3 doses</p> | <p>Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 3 doses. A booster dose is needed on or after the fourth birthday to be in compliance with Kindergarten attendance requirements. Either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years or older.</p> |
| Measles | <p>If born before 1-1-90, 1 dose of a live measles-containing vaccine on or after the first birthday. If born on or after 1-1-90, 2 doses of a live measles-containing vaccine on or after the first birthday.</p> | <p>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Intervals between first and second measles-containing vaccine doses cannot be less than 1 month. Laboratory evidence of immunity is acceptable.**</p> |
| Rubella and Mumps | <p>1 dose of live mumps-containing vaccine on or after the first birthday. 1 dose of live rubella-containing vaccine on or after the first birthday</p> | <p>Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Any child entering Kindergarten needs 1 dose each. Laboratory evidence of immunity is acceptable.***</p> |
| Varicella | <p>1 dose on or after the first birthday</p> | <p>All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering the school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is acceptable.</p> |
| Haemophilus influenzae B (Hib) | <p>Age 2-11 Months: 2 doses Age 12-59 Months: 1 dose</p> | <p>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. Minimum of 2 doses of Hib-containing vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of Hib-containing vaccine is needed after the first birthday.***</p> |
| Hepatitis B | <p>K-Grade 12: 3 doses or Age 11-15 years: 2 doses</p> | <p>If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation.</p> |
| Pneumococcal | <p>Age 2-11 months: 2 doses Age 12-59 months: 1 dose</p> | <p>Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. Minimum of 2 doses of pneumococcal conjugate vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of pneumococcal conjugate vaccine is needed after the first birthday.***</p> |
| Meningococcal | <p>Entering Grade 6 (or comparable age level for Special Ed programs): 1 dose</p> | <p>For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97.*** This applies to students when they turn 11 years of age and attending Grade 6.</p> |
| Influenza | <p>Ages 6-59 Months: 1 dose annually</p> | <p>For children enrolled in child care, pre-school, or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year. Students entering school after December 31 up until March 31 must receive 1 dose since it is still flu season during this time period.</p> |

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*** Footnote:** The requirement to receive a school entry booster dose of DTP or DTaP after the child's 4th birthday shall not apply to children while in child care centers, preschool or pre-kindergarten classes or programs.

The requirement to receive a school entry dose of OPV or IPV after the child's 4th birthday shall not apply to children while in child care centers, preschool or pre-kindergarten classes or programs.

**** Footnote:** Antibody Titer Law (Holly's Law)—This law specifies that a titer test demonstrating immunity be accepted in lieu of receiving the second dose of measles-containing vaccine. The tests used to document immunity must be approved by the U.S. Food and Drug Administration (FDA) for this purpose and performed by a laboratory that is CLIA certified.

***** Footnote:** No acceptable immunity tests currently exist for Haemophilus Influenzae type B, Pneumococcal, and Meningococcal.

Please Note The Following:

The specific vaccines and the number of doses required are intended to establish the minimum vaccine requirements for child-care center, preschool, or school entry and attendance in New Jersey. These intervals are not based on the allotted time to receive vaccinations. The intervals indicate the vaccine doses needed at earliest age at school entry. Additional vaccines, vaccine doses, and proper spacing between vaccine doses are recommended by the Department in accordance with the guidelines of the American Academy of Pediatrics (AAP) and Advisory Committee on Immunization Practices (ACIP), as periodically revised, for optimal protection and additional vaccines or vaccine doses may be administered, although they are not required for school attendance unless otherwise specified.

Serologic evidence of immunity (titer testing) is only accepted as proof of immunity when no vaccination documentation can be provided or prior history is questionable. It cannot be used in lieu of receiving the full recommended vaccinations.

Provisional Admission:

Provisional admission allows a child to enter/attend school after having received a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. Pupils <5 years of age, must receive the required vaccines within 17 months in accordance with the ACIP recommended minimum vaccination interval schedule. Pupils 5 years of age and older, must receive the required vaccines within 12 months in accordance with the ACIP recommended minimum vaccination interval schedule.

Grace Periods:

- **4-day grace period:** All vaccine doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, pre-school, or child care facility.
- **30-day grace period:** Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.