

MENDHAM TOWNSHIP ELEMENTARY SCHOOL 18 West Main Street, Brookside, N.J. 07926

Phone #: (973) 543-7107/FAX #: (973) 543-4631

-	Last N	lame	First Name	
rade:	D.O. Birth:			SEX:
lease complete th	ne following immuniz	ration sections. If yo	u have any questions, p	olease contact our school nurse
				ion record can also be attached
		ъ.	(DTD	
AGE 1-6: ((A) doses with (1) do		tap/DTP Ath hirthday OP any (5) doses/AGE 7-9: Minimum (3)
AGL 1-0.		DOSE #	DATE:	doses/AGL 7-9. Millinum (3)
	-	#1		
		#2		
		#3		
		#4		
		#5		
10516	(0) / (4) /		POLIO) / /405 7 // 4 /O)
AGE 1-6: (3) doses, with (1) do	DOSE #	DATE:) doses/AGE 7 or older Any (3)
	-		DAIL	
	_	#1 #2		
		#3		
		#4		
	L	·· ·		
		MMR (Measle	s/Mumps/Rubell	a)
	Pre-School:	A minimum of (1) d	ose of MMR vaccine by	15 months of age
	_	Kindergarten th	ru 12 th grades: (2) dose	<u>es </u>

VARICELLA (Chicken Pox) (1) dose on or after 1st birthday

DATE:

DOSE #

#1 #2

(=) 0000 011 01 01001 = 211 011001		
DOSE #	DATE:	
#1		
#2		

HAEMOPHILUS INFLUENZAE B (HIB)

AGE 2 thru 11 months: (2) doses/AGE 2 thru 59: (1) dose Kindergarten thru Twelfth grade: Not Required

DOSE #	DATE:
#1	
#2	
#3	
#4	
#5	

HEPATITIS B (HBV)

Pre-School: Not Required/Kindergarten thru twelfth Grade (3) doses

DOSE #	DATE:
#1	
#2	
#3	

PNEUMOCOCCAL

AGE 2 thru 11 months: (2) doses/AGE 2 thru 59: (1) dose
Kindergarten thru Twelfth grade: Not Required

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DOSE #	DATE:
#1	
#2	
#3	
#4	
#5	
#6	

<u>INFLUENZA</u>

(1) dose All Grade levels

(1) dose All Glade levels		
DOSE #	DATE:	
#1		

* _	
	Physician's Signature

*REQUIRED BY NJ STATE LAW TO ENTER KINDERGARTEN

See *school nurse for medical or religious exemptions kmccloskey@mendhamtwp.org

1/3/22 kr