



**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*

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

**INFLUENZA**

*(1) dose All Grade levels*

DOSE #	DATE:
#1	

\* \_\_\_\_\_  
***Physician's Signature***

**\*REQUIRED BY NJ STATE LAW TO ENTER KINDERGARTEN**

*See \*school nurse for medical or religious exemptions  
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