

Parent: Please complete the top portion and fill in child's class at bottom of page. Immunization forms required for enrolled children and tagalongs.

New Jersey State Department of Health		Standard School Immunization Record					
Name of Child (Last, First, MI)		Birth Date (Mo/Day/Yr)			Sex (circle one) Male Female		
PARENT OR GUARDIAN	Name		Phone:				
	Address						
	Address						
	City/State/ZIP						
Vaccine Type	DISEASE Mo/Day/Yr.	PRIMARY SERIES			BOOSTERS		
		1st Dose Mo/Day/Yr.	2nd Dose Mo/Day/Yr.	3rd Dose Mo/Day/Yr.	Mo/Day/Yr.	Mo/Day/Yr.	Mo/Day/Yr.
Diphtheria & Tetanus							
Polio-indicate Oral or Salk <small>Oral-if monovalent indicate type 1, 2, 3 Salk-acceptable if given after 12/31/67</small>		Oral____ Salk____(IPV)	Oral____ Salk____(IPV)	Oral____ Salk____(IPV)	Oral____ Salk____(IPV)	Oral____ Salk____(IPV)	Oral____ Salk____(IPV)
Measles (live)							
Rubella							
Mumps							
Other (Specify)							

Physician's Signature: _____

Date: _____

Exemption will be granted for a medical reason upon presentation of a signed, written statement by a doctor, stating the reason for the length of exemption. Exemption will be granted for religious reasons upon presentation of a signed, written statement by a parent.

Return immunization forms for your enrolled child(ren) and tagalong(s) to the Registrar's mailbox or mail to:
 Family Circle Cooperative Playgroup
 P.O. Box 537
 Moorestown, NJ 08057

Child's Class _____

revised: 09/2001

