County of Union
Department of Human Services
Division of Social Services
Debbie-Ann Anderson, Director

Department of Public Safety
Office of Health Management
Carolyn M. Sorge, Director

Union County Immunization Program
40 Parker Road, Lower Level
Elizabeth, NJ 07208
Telephone: (908) 965-3627/3868
Fax: (908) 558-6924

SCHOOL REFERRAL FORM

STUDENT INFORMATION (TO BE COMPLETED BY THE SCHOOL NURSE)

STUDENT'S NAME	STUDENT'S ADDRESS		
STUDENT'S AGE	STUDENT'S DATE OF BIRTH	SEX (M/F)	NAME OF PARENT OF LEGAL GUARDIAN
ADDRESS OF PARENT OR LEGAL GUARDIAN		TELEPHONE NUMBER OF PARENT OR LEGAL GUARDIAN	

ELIGIBILITY

☐ Medicaid, Medicaid Managed Care or NJ Family Care ID Number: _____

☐ No medical insurance

SCHOOL INFORMATION

NAME OF SCHOOL NURSE	SIGNATURE OF SCHOOL NURSE	DATE
TELEPHONE NO. OF SCHOOL NURSE	NAME OF SCHOOL	ADDRESS OF SCHOOL

PLEASE COMPLETE THE INFORMATION FOR ALL PAST IMMUNIZATIONS AND CIRCLE THOSE THAT ARE CURRENTLY REQUIRED

VACCINE TYPE	1ST DOSE (M/D/Y)	2ND DOSE (M/D/Y)	3RD DOSE (M/D/Y)	4TH DOSE (M/D/Y)	5TH DOSE (M/D/Y)
Diphtheria, Tetanus, Pertussis (Please indicate) DTaP Tdap TD					
Polio					
HIB					
Pneumococcal					
Influenza (Flu)					
MMR					
Varicella					
Hepatitis B					
Hepatitis A					
Meningococcal					
Gardasil					

PROVIDER INFORMATION (TO BE COMPLETED BY THE PROVIDER)

NAME OF PROVIDER	VFC PROVIDER ID NUMBER	NJHS REGISTRY NUMBER	DATE OF VISIT
Union County Immunization Program	2016		

- Only the parents or the legal guardian may accompany the child during the immunization process.
- The parent or the legal guardian musts present a valid picture ID, proof of residency, the child's birth certificate/passport, immunization record, and this school referral form (required for students 3 years and older) prior to the child receiving any immunizations from the Union County Immunization Program.

UNION COUNTY
DEPARTMENT OF HUMAN SERVICES
Rising to Meet Community Needs