SEDES SAPIENTIAE SCHOOL

CLASSICAL CATHOLIC EDUCATION

IMMUNIZATIONS REQUIRED BY NEW JERSEY STATE LAW

2019-2020 Academic Year

(Please be sure to include **Month / Day / Year** for each immunization)

****A COPY OF THE IMMUNIZATION RECORD FROM THE PHYSICIAN'S OFFICE IS ALSO ACCEPTABLE****

NAME OF STUDENT: ____ GRADE: _____________

Vaccine	Date(s) of dose(s)			
DTP	#1	#2	#3	#4
Tdap (Tetanus, diphtheria, acellular pertussis)	#1	***One (1) dose of Tdap required for students born on or after January 1, 1997.***		
OPV	#1	#2	#3	
MMR	#1	#2	***Two(2) doses of MMR required for students born on or after January 1, 1990.***	
Varicella (Chickenpox vaccine or disease)	#1	***One dose of Varicella or chickenpox disease manifestation required for students born on or after January 1, 1998.***		
HIB	#1	#2	#3	#4
Hepatitis B	#1	#2	#3	***Hepatitis B series must be completed by all students.***
Mantoux Test	Date given:		Result:	
Meningococcal vaccine	#1	***One (1) dose of meningococcal vaccine required for students born on or after January 1, 1997.***		
Other (specify)	#1	#2	#3	#4

____ _____________
Signature of Prescribing Physician Date

____ _____________
Name of Physician (Please PRINT) Physician Phone #

____ _____________
Address of Prescribing Physician (Please PRINT) Physician Fax #

Please return to the Office at Sedes Sapientiae School.

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www.sedessapientiateschool.org • 973-828-5110