

# SEDES SAPIENTIAE SCHOOL

CLASSICAL CATHOLIC EDUCATION

## IMMUNIZATIONS REQUIRED BY NEW JERSEY STATE LAW 2021-2022 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)			
	#1	#2	#3	#4
<b>DTP</b>	#1	#2	#3	#4
<b>Tdap</b> (Tetanus, diphtheria, acellular pertussis)	#1	<b>*One (1) dose of Tdap <u>required</u> for students born on or after January 1, 1997.*</b>		
<b>OPV</b>	#1	#2	#3	
<b>MMR</b>	#1	#2	<b>*Two(2) doses of MMR <u>required</u> for students born on or after January 1, 1990.*</b>	
<b>Varicella</b> (Chickenpox vaccine or disease)	#1	<b>*One dose of Varicella or chickenpox disease manifestation <u>required</u> for students born on or after January 1, 1998.*</b>		
<b>HIB</b>	#1	#2	#3	#4
<b>Hepatitis B</b>	#1	#2	#3	<b>*Hepatitis B series <u>must</u> be completed by <u>all</u> students.*</b>
<b>Mantoux Test</b>	Date given:		Result:	
<b>Meningococcal vaccine</b>	#1	<b>*One (1) dose of meningococcal vaccine <u>required</u> for students born on or after January 1, 1997.*</b>		
<b>Other (specify)</b>	#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.**

Mail: c/o 58 Pleasant Hill Rd., Randolph, NJ 07869

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