

# GLEN ROCK PUBLIC SCHOOLS

## IMMUNIZATION RECORD

*Grades Pre-K – 12*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Vaccine Type	Disease Date	1 <sup>st</sup> Dose Mo/Day/Yr	2 <sup>nd</sup> Dose Mo/Day/Yr	3 <sup>rd</sup> Dose Mo/Day/Yr	4 <sup>th</sup> Dose Mo/Day/Yr	5 <sup>th</sup> Dose Mo/Day/Yr	Mo/Day/Yr
Diphtheria, Tetanus, Pertussis vaccine (DTaP) or any combination of Td or DT							
Tdap (1dose after 10 years old)							
Inactive Poliovirus (IPV) if oral vaccine, indicate OPV							
HIB (Haemophilus B conjugate vaccine)							
Prevnar (Pneumococcal conjugate Vaccine – PCV)							
Influenza							
MMR							
Measles					Measles Serology	Date:	Titer:
Mumps					Mumps Serology	Date:	Titer:
Rubella					Rubella Serology	Date:	Titer:
Varicella			Disease Date:		Varicella Serology	Date:	Titer:
Hepatitis B (3 doses)							
Hepatitis A (2 doses)							
Menactra (1 dose)							
Gardasil (HBV 3 doses)							

Medical Exemption Attached/Date: \_\_\_\_\_ Religious Exemption Attached/Date: \_\_\_\_\_

**TB Screening (Mantoux Test)**

	Date	Date	Date
Tested			
Read			
Result (mm)			

\_\_\_\_\_  
Signature of Licensed Medical Provider

\_\_\_\_\_  
Date