

Hanover Park Regional High School District
 WHIPPANY PARK HIGH SCHOOL
 165 Whippany Road
 Whippany, New Jersey 07981

IMMUNIZATION

Dear Parent or Guardian:

As quoted in Chapter 14 of the New Jersey State Sanitary Code “**IMMUNIZATION OF PUPILS IN SCHOOLS**” no principal or other person in charge of a school shall knowingly admit or retain any pupil who has not submitted acceptable evidence of immunization according to the schedule specified below.

VACCINE TYPE NEEDED	1 st dose Mo/Day/Yr	2 nd dose Mo/Day/Yr	3 rd dose Mo/Day/Yr	Titer
Diphtheria, Tetanus, Pertussis-DTaP *(If DT or Td, indicate) (3 doses required)				
Polio Oral Polio Vaccine (OPV) *(If Salk Vaccine, indicate (IPV) (3 doses required)				
Measles, Mumps, Rubella (MMR) (2 doses required)				
Measles				
Rubella				
Mumps				
Hepatitis B (3 doses required)				
TB screening (Mantoux test)				
(Required for transfers from select countries. Contact school nurse for requirements.)				

If the immunizations checked above have been obtained, enter the date on the appropriate line, and return to the Health Office.

Child's Name _____ Grade____ Date_____

Physician's Signature _____

Printed Name or Stamp_____

Phone _____