



# Whippany Park High School

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## 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 <sup>st</sup> dose Mo/Day/Yr	2 <sup>nd</sup> dose Mo/Day/Yr	3 <sup>rd</sup> dose Mo/Day/Yr	Titer
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**Diphtheria, Tetanus, Acellular Pertussis-DTaP/DTP/Td**

**\*> 5 years after last dose must be Tdap** \_\_\_\_\_  
**(3 doses required)**

### **Polio**

**Oral Polio Vaccine (OPV)**

**\*(If Salk Vaccine, indicate (IPV)** \_\_\_\_\_  
**(3 doses required)**

**Measles, Mumps, Rubella (MMR)** \_\_\_\_\_  
**(2 doses required)**

**Meningococcal Vaccine** \_\_\_\_\_  
**(1 dose required)**

**Varicella Vaccine** \_\_\_\_\_  
**(1 dose required)**

**Hepatitis B** \_\_\_\_\_  
**(3 doses required)**

**TB screening (Mantoux test)** \_\_\_\_\_  
**\*(Required for certain transfers: see 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 \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name or Stamp \_\_\_\_\_

Phone \_\_\_\_\_