

WASHINGTON TOWNSHIP SCHOOL DISTRICT

Port Colden School
Telephone: 908-689-0681
Fax: 908-689-8584

Brass Castle School
Telephone: 908-689-1188
Fax: 908-689-2356

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**STUDENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**IMMUNIZATION REQUIREMENTS: KINDERGARTEN THROUGH GRADE 6**

**Schedule/Guidelines per NJ Department of Health**

1. **DTP** (diphtheria, tetanus, and pertussis): 4 doses with one dose on or after the 4<sup>th</sup> birthday, or any 5 doses
2. **Polio**: 3 doses with one dose on or after the 4<sup>th</sup> birthday, or any 4 doses
3. **MMR** (measles, mumps, rubella): 2 doses
4. **Varicella** (chickenpox): 1 dose
5. **Hepatitis B**: 3 doses
6. **Meningococcal**: 1 dose required at age 11 and in 6<sup>th</sup> grade
7. **Tdap** (tetanus, diphtheria, acellular pertussis): 1 dose required at age 11 and in 6<sup>th</sup> grade

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PROOF OF IMMUNIZATION: *required* before any child will be permitted to enter school.

1. Printed immunization record from your Healthcare Provider, including their office/practice stamp and signature, OR
2. Dates completed below by your Healthcare Provider, including their office/practice stamp and signature.

DTP _____

Tdap _____

Polio _____

MMR _____

Hepatitis B _____

Varicella _____

Meningococcal _____

Influenza _____

Other _____

HEALTHCARE PROVIDER STAMP:
(REQUIRED)

HEALTHCARE PROVIDER SIGNATURE/DATE:
(REQUIRED)