



Waldwick Seventh-day Adventist School

70 Wyckoff Avenue - Waldwick, New Jersey 07463

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Ruth J. Nino, Principal

Immunization Record

Student's Name _____

Date of Birth _____

Grade _____

- Medical Exemption: The physical condition of the student listed above is such that immunization would endanger life or health.
- Religious Exemption: Include in writing a strong moral or ethical conviction related to a religious belief by parent/guardian.

Immunization	Date	Date	Date	Date	Date
	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	Booster
Diphtheria, Tetanus & Pertussis (DTaP, DTP, DT) For children age 6 years and younger. Final dose on or after age 4 years.	*	*	*	*	*
Tetanus, Diphtheria and Pertussis (Tdap) For Children in 6th grade	*				
Polio (IPV, OPV) Final dose on or after age 4 years	*	*	*	*	
Measles, Mumps, & Rubella (MMR) Minimum age: on or after 1 st birthday	*	*			
Hepatitis B	*	*	*		
Varicella Minimum Age: on or after 1 st Birthday. Vaccine or disease history required.	*	*			
Meningococcal (MCV, MPSV) For children in 6 th grade. Booster given at age 16 years	*	*			
Haemophilus B (Hib)	*	*	*	*	
Pneumococcal Conjugate (PCV)	*	*	*	*	
Recommended					
Human Papillomavirus (HPV)	*	*	*		
Hepatitis A	*	*			
Rotavirus	*	*	*		
Influenza * Required for children up to 60 months of age.					

Health Care Provider's Signature _____

Health Care Provider's Name (Print) _____

Date _____