

MOUNT ARLINGTON PUBLIC SCHOOL DISTRICT

EDITH M. DECKER SCHOOL
446 HOWARD BOULEVARD
MOUNT ARLINGTON, NEW JERSEY 07856
TELEPHONE: 973-398-6400 FAX: 973-398-4687

Student name _____ Date of birth _____

PRESCHOOL IMMUNIZATION REQUIREMENTS

1. **DTP** (diphtheria, tetanus, & pertussis)- 4 doses.
2. **Polio**- 3 doses.
3. **Hib** (*Haemophilus influenzae* type b)- 1- 4 doses, with at least 1 dose given on or after the 1st birthday.
4. **PCV** (pneumococcal conjugate)- 1- 4 doses, with at least 1 dose given on or after the 1st birthday.
5. **MMR** (measles, mumps, rubella)- 1 dose, on or after the 1st birthday.
6. **Varicella** (chicken pox)- 1 dose, on or after the 1st birthday.
7. **Influenza**- 1 dose, due annually by 12/31.

Dates must be completed by your health care provider in the spaces provided below before any child will be permitted to enter school.

PROOF OF IMMUNIZATION

DTP _____ Polio _____

Hib _____ PCV _____

MMR _____ Varicella _____ Influenza _____

Other _____

Printed Name/Address/Phone/Fax

Health Care Provider Signature _____

Date _____