

THE FORUM SCHOOL
107 Wyckoff Ave. Waldwick, NJ 07463
201-444-5882 FAX: 201-444-4003

Dear Parent/Guardian:

The New Jersey State Dept. of Health requires that we maintain complete immunization records of all students in The Forum School. Please ask your child's physician to complete and sign this form and return it as soon as possible. Thank you.

NAME _____ **D.O.B.** _____

VACCINE	Dates	1st dose	2nd dose	3rd dose	4th dose	5th dose	6th dose: age 11
Diphtheria, Tetanus, Pertussis <i>(indicate if DT, Tdap or Td)</i>							
Polio							
Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Haemophilus B (HIB)							
Hepatitis B							
Varicella							
Meningitis (age 11)							
Pneumonia (ages 3-5)							
Influenza (req.ages 3-5)							
TB Screening (Mantoux) <i>Indicate date and result</i>							

Physician's Name _____

Address _____

Phone _____

Signature _____ Date _____