



HANOVER PARK HIGH SCHOOL

Office of the Principal

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Thomas J. Callanan

Principal

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 st dose	2 nd dose	3 rd dose	Titer
	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	
Diphtheria, Tetanus, Acellular Pertussis-DTaP *(If DT,Td or Tdap indicate) (3 doses required)	_____			
Polio Oral Polio Vaccine (OPV) *(If Salk Vaccine, indicate (IPV) (3 doses required)	_____			
Measles, Mumps, Rubella (MMR) (2 doses required)	_____			
Measles	_____			
Rubella	_____			
Mumps	_____			
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 _____
Printed Name or Stamp _____
Phone _____