

RAMAPO CENTRAL SCHOOL DISTRICT CERTIFICATE OF IMMUNIZATION

Name of Student _____

Signature of Healthcare Provider _____

**Diphtheria, Pertussis,
Tetanus (D.P.T.)**

1. _____
4. _____

2. _____
5. _____

3. _____
6. _____
additional date

Adacel / Boostrix

1. _____

2. _____

Diphtheria, Tetanus Vaccine

1. _____

2. _____

3. _____

IPV/OPV

1. _____
4. _____

2. _____
5. _____
additional date

3. _____
6. _____
additional date

M.M.R. (or the following 3:)

1. _____

2. _____

First Live Measles Vaccine
given after 1 year of age

1. _____

2. _____

Titer _____

Disease _____

First Live Mumps Vaccine
given after 1 year of age

1. _____

2. _____

Titer _____

Disease _____

First Live Rubella Vaccine
given after 1 year of age

1. _____

2. _____

Titer _____

Disease _____

Varivax (chicken pox)

1. _____

2. _____

Titer _____

Disease _____

Hib. - Given between 18
months and 5 years of age

1. _____
4. _____

2. _____

3. _____

Hepatitis B

1. _____

2. _____

3. _____

Hepatitis A

1. _____

2. _____

Meningococcal

1. _____

Other
