

# 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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_