

New Jersey Department of Health  
 Vaccine Preventable Diseases Program  
 PO 369  
 Trenton, NJ 08625-0369

PROVISIONAL ADMISSION  
 STUDENT TRACKING RECORD

Name of School		Date
Street Address	City	
Name of School Administrator		Telephone Number
Name of Student	Date of Birth	Date of Provisional Admittance

**CHECK THE DOSE(S) NEEDED AND THE DUE DATE ON THE LINE PROVIDED.**

VACCINES	DOSE(S)	VACCINE SCHEDULE
Diphtheria, Tetanus, acellular Pertussis ( <i>INDICATE THE SPECIFIC VACCINE REQUIRED:</i> ) <input type="checkbox"/> DTaP <input type="checkbox"/> DT <input type="checkbox"/> Td	1	
	2	
	3	
	4	
	5	
Tdap (Tetanus, diphtheria, acellular Pertussis) ( <i>One dose requirement</i> )	1	
Polio (IPV)	1	
	2	
	3	
	4	
Measles, Mumps, Rubella (MMR)	1	
	2	
<i>Haemophilus influenza</i> Type b (Hib)	1	
	2	
	3	
	4	
Hepatitis B	1	
	2	
	3	
Pneumococcal Conjugate (PCV 13)	1	
	2	
	3	
	4	
Varicella ( <i>One dose requirement</i> )	1	
Meningococcal ( <i>One dose requirement</i> )	1	
Influenza ( <i>One dose requirement by December 31</i> )	1	

**DEFINITION:** Provisional admission only applies to multi-dose vaccine requirements - NOT single dose vaccine requirements. Students need to receive a minimum of one dose of each of the required vaccines in order to be provisionally admitted. Pupils must be actively in the process of completing the series and on schedule to receive subsequent doses as rapidly as medically feasible. NJ follows CDC/ACIP Recommended Catch-Up Immunization Schedule. Please see the following link for guidance: <http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf>.

Please refer to the NJ Vaccine Preventable Disease Program website to access the immunization regulations and requirements for school attendance, <http://nj.gov/health/cd/imm.shtml>.