

New Student Registration Process Health Services Information

All new students entering the Park Ridge Public Schools must have the following health-related documentation on record prior to his/her first day of school:

- Pursuant to Title 8-Chapter 57, New Jersey Department of Health and Regulations require that all New Jersey pupils be immunized. No pupil will be admitted to any school in our district without evidence of having been immunized by the following agents and a Certificate of Immunization History completed and signed by a licensed health care provider.
- Student Health Information Release Form
- Pursuant to N.J.A.C. 6A:16-2.2, upon entering the school district each child must have an up-to-date physical examination. This examination must have been completed by a licensed health care provider no more than 365 days prior to entering school. Please return this form to the school nurse. Failure to submit the NEW STUDENT REGISTRATION – STUDENT MEDICAL EXAMINATION form could result in your child’s exclusion from school.
- Please note all students entering grades 7-12 must complete the Annual Athletic Pre-Participation Physical Evaluation Form (NJDOE APPEF) **if the student plans on participating on in interscholastic athletics.**

PARK RIDGE PUBLIC SCHOOLS
 85 Pascack Road
 Park Ridge, NJ 07656

Phone: 201-573-6000

**New Student Registration
 Student Medical Examination**
(to be completed by a licensed health provider)

Student Name: _____ Date of Birth: _____ Female Male

Home Address: _____

School: _____ Grade: _____

Growth and Development: Normal _____ Premature _____ Term _____

Complications _____

Early illness or injury _____

Systems Review:

Height _____ Weight _____ BMI _____ Blood Pressure _____

Vision: R _____ L _____ B _____ Glasses/Contacts _____

Audio: R _____ L _____ ENT _____ Speech _____

Integument _____ Head & Neck _____ Lymphatic _____

Respiratory _____ Cardiovascular _____ Abdomen _____

Gastrointestinal _____ Genitourinary _____ Urinalysis _____

Musculoskeletal _____ Hernia _____ Scoliosis _____

Nervous _____ Emotional Symptoms _____ Nutrition _____

Neurological/Psychological: _____

General Assessment: _____

Remarks (Please list any special needs and/or medication required.): _____

Medical History:

	Year		Year		Year		Year
Allergies		Asthma		Otitis Media		Operations/Injuries	
Drug Sensitivities		Chicken Pox		Rheumatic Fever			
Lyme Disease		Seizure Disorder		Strep Infections		Hospitalizations	
Hepatitis		Diabetes		Mononucleosis			
Neuromuscular Disease		Heart Disease		Other		Congenital Defects	

Date of Examination: _____ Physician's Signature: _____

Physician's Name *(please print)*

Office Address

Office Phone

Revised 7/2016

Park Ridge Public Schools

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85 Pascack Road
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**New Student Registration
Student Health Information Release Form**

Parents/Guardians: If your child has a history of allergies, takes medication, wears eyeglasses/contacts or has any health related concerns, it is important to give that information to the school nurse. The Family Education Rights and Privacy Act (FERPA) have issued regulations which require public schools to obtain written consent to disclose medical information. All information will be held in the confidence by the school nurses and will be shared only with other school professionals as necessary. If you have any concerns or question, please do not hesitate to contact the school health office.

Student Name: _____ Date of Birth: _____

Home Phone: _____ Emergency Contact Phone: _____

School: _____ Teacher: _____ Grade: _____

Check one (if yes, please specify):			
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If an EpiPen injection is necessary, a "permission to dispense" form must be submitted every school year.)
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If an inhaler is necessary, a "permission to dispense" form must be submitted every school year.)
Hearing Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vision Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Other:
Seizure Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Orthopedic Difficulties/Walking Aides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medications (list condition and dosage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ _____

Other pertinent information (including hospitalizations within the last year):

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Parent/Guardian Name (please print) Parent/Guardian Signature Date

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Home Address: _____

School: _____ Grade: _____

Immunization History:

DTaP: 1. mm/dd/yy 2. mm/dd/yy 3. mm/dd/yy 4. mm/dd/yy 5. mm/dd/yy Booster

Tdap: _____
(for students born after January 1997 and students entering Grade 6) Booster

Polio **IPV:** 1. mm/dd/yy 2. mm/dd/yy 3. mm/dd/yy 4. mm/dd/yy 5. mm/dd/yy

OPV: 1. mm/dd/yy 2. mm/dd/yy 3. mm/dd/yy 4. mm/dd/yy 5. mm/dd/yy

MMR: 1. mm/dd/yy 2. mm/dd/yy 3. mm/dd/yy

Measles: 1. mm/dd/yy 2. mm/dd/yy

Mumps: 1. mm/dd/yy 2. mm/dd/yy **Varicella Zoster:** 1. mm/dd/yy 2. mm/dd/yy

Rubella: 1. mm/dd/yy 2. mm/dd/yy

HIB Vaccine: 1. mm/dd/yy 2. mm/dd/yy 3. mm/dd/yy 4. mm/dd/yy 5. mm/dd/yy

Hepatitis A Vaccine: 1. mm/dd/yy 2. mm/dd/yy

Hepatitis B Vaccine: 1. mm/dd/yy 2. mm/dd/yy 3. mm/dd/yy

PPD Mantoux: Date Tested: _____ Date Read: _____ Results: _____

Lead Test: Date Tested: _____ Lead Level: _____

Influenza Vaccine: (mandatory for pre-school students) 1. mm/dd/yy 2. mm/dd/yy 3. mm/dd/yy 4. mm/dd/yy

Pneumococcal Vaccine: (mandatory for pre-school students) 1. mm/dd/yy

Meningococcal Vaccine: (mandatory for incoming Grade 6 students) 1. mm/dd/yy 2. mm/dd/yy 3. mm/dd/yy

Other (specify): _____

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Lyme Disease		Seizure Disorder		Strep Infections		Hospitalizations	
Hepatitis		Diabetes		Mononucleosis			
Neuromuscular Disease		Heart Disease		Other		Congenital Defects	

Date of Examination: _____ Physician's Signature: _____

Physician's Name (please print) _____

Office Address _____

Office Phone _____

NEW JERSEY ANNUAL CHILDHOOD/ADOLESCENT IMMUNIZATION SCHEDULE
 Chapter 14: Immunization for Pupils in School / Effective Date: September 1, 2005

DISEASE(S)	MEETS IMMUNIZATION REQUIREMENTS	COMMENTS
DTaP	(AGE 1-6 YEARS): 4 doses, with one dose given on or after the 4th birthday, OR any 5 doses. (AGE 7-9 YEARS): 3 doses of Td or any previously administered combination of DTP, DTaP, and DT to equal 3 doses.	Any child entering pre-school, pre-Kindergarten, or Kindergarten needs a minimum of four doses. Pupils after the seventh birthday should receive adult type Td. DTP/trib vaccine and DTaP also valid DTP doses.
Tdap	GRADE 6 (or comparable age level for special education programs): 1 dose	For pupils entering Grade 6 on or after 9-1-05 and born on or after 1-1-97. A child does not need a Tdap dose until FIVE years after the last DTP/DtaP or TD dose.
POLO	(AGE 1-6 YEARS): 3 doses, with one dose given on or after the 4th birthday, OR any 4 doses. (AGE 7 or OLDER): Any 3 doses.	Either Inactivated Polio Vaccine (IPV) or Oral Polio Vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years of age or older.
MEASLES	If born before 1-1-90, 1 dose of a live Measles-containing vaccine. If born on or after 1-1-90, 2 doses of a live Measles-containing vaccine. If entering a college or university after 9-1-85 and previously unvaccinated, 2 doses of a live Measles-containing vaccine.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Previously unvaccinated students entering college after 9-1-95 need 2 doses of measles-containing vaccine or any combination containing live measles virus administered after 1958. Documentation of 2 prior doses is acceptable. Laboratory evidence of immunity is also acceptable. Intervals between first and second measles/MMR/MMR doses cannot be less than 1 month.
RUBELLA and MUMPS	1 dose of live Mumps-containing vaccine. 1 dose of live Rubella-containing vaccine.	Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Each student entering college for the first time after 9-1-85 needs 1 dose of rubella and mumps vaccine or any combination containing live rubella and mumps virus administered after 1958.
VARICELLA	1 dose on or after first birthday.	All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering a school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is also acceptable.
HAEMOPHILUS B (Hib)	(AGE 2-11 MONTHS) ⁽¹⁾ : 2 doses (AGE 12-59 MONTHS) ⁽²⁾ : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. ⁽¹⁾ Minimum of 2 doses of Hib vaccine is needed if between the ages of 2-11 months. ⁽²⁾ Minimum of 1 dose of Hib vaccine is needed after the first birthday. DTP/Hib and Hib/Hep B also valid Hib doses.
HEPATITIS B	(K-GRADE 12): 3 doses or 2 doses ⁽¹⁾	⁽¹⁾ If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation. Laboratory evidence of immunity is also acceptable.
PNEUMOCOCCAL	(AGE 2-11 MONTHS) ⁽¹⁾ : 2 doses (AGE 12-59 MONTHS) ⁽²⁾ : 1 dose	Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten. ⁽¹⁾ Minimum of 2 doses of Pneumococcal vaccine is needed if between the ages of 2-11 months. ⁽²⁾ Minimum of 1 dose of Pneumococcal vaccine is needed after the first birthday.
MENINGOCOCCAL	(Entering GRADE 6 (or comparable age level for Special Ed programs): 1 dose ⁽¹⁾ (Entering a four-year college or University, previously unvaccinated and residing in a campus dormitory): 1 dose ⁽²⁾	⁽¹⁾ For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. ⁽²⁾ Previously unvaccinated students entering a four-year college or university after 9-1-04 and who reside in a campus dormitory, need 1 dose of meningococcal vaccine. Documentation of one prior dose is acceptable.
INFLUENZA	(AGES 6-59 MONTHS): 1 dose ANNUALLY	For children enrolled in child care, pre-school or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year.

AGE APPROPRIATE VACCINATIONS (FOR LICENSED CHILD CARE CENTERS/PRE-SCHOOLS)

CHILD'S AGE	NUMBER OF DOSES CHILD SHOULD HAVE (BY AGE)
2-3 Months	1 dose DTaP, 1 dose Polio, 1 dose Hib, 1 dose PCV7
4-5 Months	2 doses DTaP, 2 doses Polio, 2 doses Hib, 2 doses PCV7
6-7 Months	3 doses DTaP, 2 doses Polio, 2-3 doses Hib, 2-3 doses PCV7, 1 dose Influenza
8-14 Months	3 doses DTaP, 2 doses Polio, 2-3 doses Hib, 2-3 doses PCV7, 1 dose Influenza
12-14 Months	3 doses DTaP, 2 doses Polio, 1 dose Hib, 2-3 doses PCV7, 1 dose Influenza
15-17 Months	3 doses DTaP, 2 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose PCV7, 1 dose Influenza
18 Months-4 Years	4 doses DTaP, 3 doses Polio, 1 dose MMR, 1 dose Hib, 1 dose Varicella, 1 dose PCV7, 1 dose Influenza

PROVISIONAL ADMISSION:

Provisional admission allows a child to enter/attend school but must have a minimum of one dose of each of the required vaccines. Pupils must be actively in the process of completing the series. If a pupil is <5 years of age, they have 17 months to complete the immunization requirements. If a pupil is 5 years of age and older, they have 12 months to complete the immunization requirements.

GRACE PERIODS:

- 4-day grace period: All vaccine doses administered less than or equal to four days before either the specified minimum age or dose spacing interval shall be counted as valid and shall not require revaccination in order to enter or remain in a school, pre-school or child care facility.
- 30-day grace period: Those children transferring into a New Jersey school, pre-school, or child care center from out of state/out of country may be allowed a 30-day grace period in order to obtain past immunization documentation before provisional status shall begin.