



## BLAIRSTOWN TOWNSHIP SCHOOL DISTRICT

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[www.blairstownelem.net](http://www.blairstownelem.net)

Dr. Patrick Ketch, *Superintendent*

Colleen Silvestri, *Principal*

Matthew Herzer, *Business Administrator*

Dr. Alyssa Emili, *Supervisor of Special Services*

### Immunization Form

Please have your child's doctor fill in the form below or attach a copy of your child's immunization record. Your child's doctor must also complete the Universal Child Health.

Student's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please enter complete dates for each dose (month/date/year).

Vaccine Type:	Dose #1	Dose #2	Dose #3	Dose #4	Dose #5
DTP/DTAP					
IPV					
MMR					
HIB					
HEPATITIS B					
VARICELLA					
PNEUMOCOCCAL					
INFLUENZA					
OTHER					

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Official Office Stamp: \_\_\_\_\_