

**FLORENCE M. GAUDINEER SCHOOL**  
**South Springfield Avenue**  
**Springfield, New Jersey 07081**

Health Office  
Fax: 973-376-3259  
Phone: 973-376-1025, Extension 1226

Name of Student : \_\_\_\_\_ DOB: \_\_\_\_\_

Received these immunizations on the following date(s):

Date of Meningococcal Vaccine: \_\_\_\_\_  
(Circle one) MCV4 (Menactra) / MPSV4 (Menomune)

Date of Tdap: \_\_\_\_\_

Signature of doctor: \_\_\_\_\_

Name of doctor (stamp or print): \_\_\_\_\_