

Name: _____ **DOB:** _____ **Grade:** _____

Parent/Guardian: _____ **Phone Number:** _____

Address: _____

Race/Ethnicity:

- White
- Black
- Asian/Pacific Islander
- American Indian/Alaskan Native

Latino Origin:

- Yes No

Pennsylvania Department of Health - Certificate of Immunization

Vaccine <i>(circle appropriate item)</i>	Doses <i>(enter month, day, and year each immunization was given)</i>				
Diphtheria and Tetanus <i>(DTaP, DTP, Td, or DT)</i>					
Tetanus, Diphtheria, and Acellular Pertussis <i>(Tdap)*</i>					
Polio <i>(OPV or IPV)</i>					
Hepatitis B					
Measles - Mumps - Rubella <i>(MMR)</i>			or Measles Serology	Date	Titer
Varicella <i>(Vaccine or Disease)</i>			or Rubella Serology	Date	Titer
Meningococcal <i>(MCV)*</i>			Date of Mumps Diagnosis by Physician:		
Hepatitis B					

*Age appropriate dose of MCV and Tdap are required for entry into 7th grade.

