

**THIS FORM MUST BE COMPLETED AT THE TIME OF REGISTRATION  
COUNCIL ROCK SCHOOL DISTRICT**

Dear Physician,

In order to comply with Pennsylvania Immunization Law, we request that you complete this form and return it to the parent or guardian of the child named below so that they may register in our school district.

**Name of student** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**IMMUNIZATIONS AND TESTS**

VACCINE	Enter Month, Day, and Year each immunization was given <b>DOSES</b>			<b>BOOSTERS &amp; DATES</b>											
Diphtheria and Tetanus (Circle): DTaP, DTP, DT, TD	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
Polio (Circle): OPV, IPV	1	/	/	2	/	/	3	/	/	4	/	/	5	/	/
MMR 1 <sup>st</sup> dose after 1 yr of age	1 / /			2 / /											
Measles 1 <sup>st</sup> dose after 1 yr of age	1 / /			2 / /											
Mumps 1 <sup>st</sup> dose after 1 yr of age	1 / /			<u>2<sup>nd</sup> dose of Mumps</u>			2 / /								
Rubella after 1 yr of age	1 / /														
Hepatitis B	1 / /			2 / /			3 / /								
Hepatitis A	1 / /			2 / /			3 / /								
Hib	/ /			/ /			/ /								
Varicella	1 / /			2 / /			Varicella Disease or Lab Evidence Date: _____								
<b>Children Attending 7<sup>th</sup> Gr 2011 – 2012</b>				<b>Tetanus, Diphtheria and Acellular Pertussis</b>											
<b>Meningococcal Conjugate (MCV)</b>				/ /			<b>Tdap</b>			/ /					
Other: _____															

- MEDICAL EXEMPTION** The physical condition of the above named child is such that immunization would endanger life or health.
- RELIGIOUS EXEMPTION** A strong moral or ethical conviction similar to a religious belief and requires a written statement from the parent or guardian.

**FOR ATTENDANCE IN ALL GRADES SCHOOL REGULATIONS IN 2011/2012:**

**Children need the following**

- 4 doses of tetanus\* (1 dose on or after the 4<sup>th</sup> birthday)
- 4 doses of diphtheria\* (1 dose on or after the 4<sup>th</sup> birthday),
- 3 doses of polio,
- 2 doses of measles\*\* (MMR),
- **2 doses of mumps** \*\* (MMR),
- 1 dose of rubella (German measles)\*\*
- 3 doses of hepatitis B,
- 2 doses of Varicella (chickenpox) vaccine or history of disease

\*Usually given as DTP or DtaP or DT or Td

\*\*Usually given as MMR

**Children ATTENDING 7<sup>th</sup> grade in 2011/2012 need the following:**

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) (if 5 years has elapsed since last tetanus immunization)
- 1 dose of meningococcal conjugate vaccine (MCV)

These requirements allow for medical reasons and religious beliefs. If your child is exempt from immunizations, he/she may be removed from school during an outbreak.

Pennsylvania's school immunization requirements can be found in 28 PA.CODE CH.23 (School Immunization)  
**Contact your health care provider or 1-877 PA HEALTH for more information**

Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Telephone \_\_\_\_\_