Signed (P/	PHILOSOPH			oigned	The physical condition of the abo		STATE	Please circle present grade. K		Address	Name	
(PARENT OR GUARDIAN)	CAL/STRONG MOR/ State your reason	State your reason	RELIGIOU	(PHYSICIAN)	ve-named child is such that	MEDICAL	MENT OF EXEMPTION	1 2 3 4				
(Date)	PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION EXEMPTION State your reason for requesting this exemption.	State your reason for requesting this exemption.	RELIGIOUS EXEMPTION	Date	The physical condition of the above-named child is such that immunization would endanger life or health.	MEDICAL EXEMPTION	STATEMENT OF EXEMPTION TO IMMUNIZATION LAW	5 6 7 8 9 10 11 12 Other	Telephone	Parent or guardian	Birthdate	

Meningococcal (MCV)	Varicella (vaccine or disease)	Measles - mumps - rubella (MMR)	Hepatitis B	Polio (OPV or IPV)	Tetanus, diphtheria and acellular pertussis (Tdap)	Diphtheria, tetanus and acellular pertussis (DTaP, DTP, Td or DT)	VACCINE Circle appropriate item	PENNSYLVANIA DEPARTMENT OF HEALTH — CERTIFICATE OF IMMUNIZATION	Please circle present grade. K 1	Hispanic origin: ☐ Yes ☐ No	Race/ethnicity:		Address	Name
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Mumps disease diagnosed by a physician: Date

Other