

Name _____ Birthdate _____

Address _____ Parent or Guardian _____

Telephone _____

Race/Ethnicity: White Black Asian or Pacific Islander American Indian or Alaskan Native

Hispanic Origin: Yes No

Please Circle Present Grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

PENNSYLVANIA DEPARTMENT OF HEALTH - CERTIFICATE OF IMMUNIZATION

VACCINE Circle appropriate item	Enter Month, Day, and Year Each Immunization Was Given				
	DOSES				
Diphtheria and Tetanus (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, Diphtheria and Acellular Pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - Mumps - Rubella (MMR)	1 / /	2 / /	or Measles Serology Date Title		
Varicella (Vaccine or Disease)	1 / /	2 / /	Rubella Serology Date Title		
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

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

H502.320 Rev. 12/05

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Address _____ Parent or Guardian _____

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Please Circle Present Grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

MEDICAL EXEMPTION

The physical condition of the above-named child is such that immunization would endanger life or health.

Signed _____ Date _____
(PHYSICIAN)

RELIGIOUS EXEMPTION

(Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above-named child adheres to a religious belief whose teachings are opposed to such immunizations.

State your reason for requesting a religious exemption _____

Signed _____ Date _____
(PARENT OR GUARDIAN)