Here's a more detailed breakdown of the required immunizations for Pennsylvania school attendance:

Required Immunizations: Properly Spaced.

- **Diphtheria, Tetanus, and acellular Pertussis (DTaP):** Four doses, with one dose administered on or after the child's 4th birthday.
- **Polio (IPV):** Four doses, with the fourth dose administered on or after the child's 4th birthday and at least six months after the previous dose.
- **Measles, Mumps, and Rubella (MMR):** Two doses.
- **Hepatitis B (Hep B):** Three doses.
- **Varicella (Chickenpox):** Two doses or evidence of immunity.

Additional Requirements:

- **7th Grade:** One dose of Tetanus, Diphtheria, and acellular Pertussis (Tdap). And one dose of Meningococcal conjugate vaccine (MCV)
- **12th Grade:** Second dose of Meningococcal conjugate vaccine (MCV) after age 16 years.
- **Exemptions:** Pennsylvania allows exemptions from immunization requirements for religious or philosophical reasons, as well as for medical reasons. (A statement must be signed with the school nurse)

Important Notes:

- Students must have these vaccinations or risk exclusion from school.
- Parents should ensure their children are up-to-date on their immunizations before the start of the school year.
- You can find more information on the Pennsylvania Department of Health website.

APPENDIX B

CERTIFICATE OF IMMUNIZATION

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 when immunization doses listed below were given.				
Diphtheria, tetanus and acellular pertussis (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		Titer
Varicella (vaccine or disease)	1 / /	2 / /	Rubella serology	Date	Titer
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

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Name _____ Birthdate _____

Address _____ Parent or guardian _____

_____ Telephone _____

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

State your reason for requesting this exemption.

_____

PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION EXEMPTION

State your reason for requesting this exemption.

_____

Signed _____
(PARENT OR GUARDIAN) (Date)