

PENNSYLVANIA DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION

Child's Name _____ Date of Birth _____

Address _____

Parent or Guardian Name _____ Telephone _____

Circle Child's Grade K 1 2 3 4 5 6 7 8 9 10 11 12 Other

Race/ethnicity: White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian / Alaskan Native ☐ Hispanic origin Yes ☐ No ☐

VACCINES

(circle appropriate vaccine)

Enter month, day, and year when immunization doses listed below were given.

Diphtheria, tetanus and acellular pertussis (DTaP or DTP)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV (prior to 2016) or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /	Hepatitis B Serology Date Titer	
Measles Mumps Rubella (MMR)	1 / /	2 / /	3 / /	4 / /	
Varicella (vaccine or disease)	1 / /	2 / /	3 / /	Varicella Serology	Date Titer
Meningococcal (MCV)	1 / /	2 / /	3 / /	4 / /	
Other (specify)	1 / /	2 / /			

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

During an outbreak, unvaccinated children may be excluded from school for an extended amount of time.

Child's Name _____ Birthdate _____

Medical Exemption

State below the medical condition of the above-named child that immunization would endanger their life or health.

Physician Signature and NIP Number _____ Date _____

Religious Exemption

State below the reason for requesting this exemption then sign and date at the bottom of this page.

Reason _____

Strong Moral or Ethical Conviction Exemption

State the reason for requesting this exemption then sign and date at the bottom of this page.

Reason _____

Parent or Legal Guardian Signature _____ Date _____