

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 _____ Titler _____		
Varicella (Vaccine or Disease)	1 / /	2 / /	Rubella Serology Date _____ Titler _____		
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. 4/12

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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 )