

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. 7/13

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**

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)