

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 Sp. Ed.

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 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	
Hepatitis B	1 / /	2 / /	3 / /		
Measles - Mumps - Rubella (MMR)	1 / /	2 / /	or Measles Serology: Date	Titer	
Varicella (Vaccine or Disease)	1 / /	2 / /	Rubella Serology: Date	Titer	
Other	1 / /	2 / /	Mumps disease diagnosed by a physician: Date		

Doses required by law for new school enterers (K or 1st Grade) are shaded in green.
 Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for entry into 7th grade.

To the best of my knowledge, this child has received the minimum required immunizations. Source Written Verbal Both

Signed _____ DO NOT SIGN UNLESS MINIMUM REQUIRED DOSES ARE COMPLETE Date _____
 (PHYSICIAN, PUBLIC HEALTH OFFICIAL, SCHOOL NURSE, OR THEIR DESIGNEE)

H502.320 Rev. 2/01

Name _____ Birthdate _____
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Please Circle Present Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Sp. Ed.

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

MEDICAL EXEMPTION

The physical condition of the above name 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)