

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	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	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.

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. 9/97

Name _____ Birthdate _____
 Address _____ Parent or Guardian _____
 Telephone _____
 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 named child is such that immunization would endanger life or health.

Signed _____ Date _____
 (PHYSICIAN)

REIGIOUS 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)