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				
Diptheria 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 _____ Date _____

(PHYSICIAN, PUBLIC HEALTH OFFICIAL, SCHOOL NURSE, OR THEIR DESIGNEE)

H502.320 Rev. 2/01

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 name child is such that immunization would endanger life or health.

Signed _____ Date _____

(PHYSICIAN)

RELIGIOUS EXEMPTION

(Includes a strong moral or eithical 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)