

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)

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)

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.

PENNSYLVANIA DEPARTMENT OF HEALTH—CERTIFICATE OF IMMUNIZATION

The Minimum Required Doses for the School Immunization Law are Shaded in Green (see exception for Polio)

VACCINE	ENTER MONTH, DAY, AND YEAR EACH IMMUNIZATION WAS GIVEN				
	DOSES				
Diphtheria and Tetanus*	1 / /	2 / /	3 / /	4 / /	5 / /
Polio**	1 / /	2 / /	3 / /	4 / ** /	5 / /
Measles (Hard, Red)	1 / /	2 / /	or Measles Serology: Date Titer		
Rubella (German Measles)	1 / /	2 / /	or Rubella Serology: Date Titer		
Mumps	1 / /	2 / /	or Mumps disease diagnosed by a physician: Date		
Other: / /	Other: / /	Other: / /			

* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DT, or Td

** Polio — 3 doses of Oral or 4 doses of Inactivated (Salk) vaccine are required

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)