Name		Birting	ate		
Address		Paren	or guardian		
Race/ethnicity: □ White □ Blace	ck ☐ Asian or	Telep	hone □ American Indian		
Please circle present grade. K	1 2 3	4 5 6	7 8 9	10 11 12	Other
PENNSYLVANIA DEPART	TMENT OF HEA	ALTH - CERTII	FICATE OF IMMU	OITAZINU	V
VACCINE Circle appropriate item	Enter month, day,	and year when immur	ization doses listed be	elow were given.	
Diphtheria, tetanus and acellular pertussis (DTaP, DTP, Td or DT)	1 / /	2 1 1	3 / /	4 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 1 1	5 / /
Hepatitis B	1 / /	2 / /	3 / /	4 / /	5 / /
Measles - mumps - rubella (MMR)	1 / /	2 / /	or Measles serology	Date	Titer
Varicella (vaccine or disease)	1 / /	2 / /	Rubella serology	Date	Titer
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diagr	nosed by a physicia	n: Date
					H502.320 Rev. 03/1
Jame		Birtho	ate		
address		Paren Telep	or guardian		
lease circle present grade. K	1 2 3	Paren Telep 4 5 6	or guardian hone 7 8 9	10 11 12	
ddresslease circle present grade. K	1 2 3 ENT OF EXEMP	Paren Telep 4 5 6	or guardianhone 7 8 9 UNIZATION LA	10 11 12	
lease circle present grade. K	1 2 3 INT OF EXEMP	Paren Telep 4 5 6 PTION TO IMM	or guardian hone	10 11 12 W	
Please circle present grade. K STATEME  The physical condition of the above-n	1 2 3 ENT OF EXEMP  MED  named child is such	Paren Telep 4 5 6 PTION TO IMM	or guardian hone	10 11 12 W	Other
STATEME  The physical condition of the above-n	1 2 3  NT OF EXEMP  MED  named child is such	Paren Telep 4 5 6 PTION TO IMM PICAL EXEMPT	hone 7 8 9  UNIZATION LAV  TON  on would endanger li  Date	10 11 12 W	Other
Please circle present grade. K STATEME  The physical condition of the above-n	1 2 3  NT OF EXEMP  MED  named child is such	Paren Telep 4 5 6 PTION TO IMM	hone 7 8 9  UNIZATION LAV  TON  on would endanger li  Date	10 11 12 W	Other
lease circle present grade. K STATEME  The physical condition of the above-n	1 2 3 ENT OF EXEMP  MED  named child is such  PHYSICIAN)	Paren Telep 4 5 6 PTION TO IMM PICAL EXEMPT	honehoneT 8 9  UNIZATION LAY  TION  on would endanger li  Date	10 11 12 W	Other
AddressPlease circle present grade. K STATEME  The physical condition of the above-n	1 2 3 ENT OF EXEMP  MED  named child is such  PHYSICIAN)  RELI  State your re	Paren Telep 4 5 6 PTION TO IMM PICAL EXEMPT In that immunization IGIOUS EXEMPT Peason for requesting	hone 7 8 9  UNIZATION LAV TION on would endanger li Date TION ag this exemption.	10 11 12	Other
Please circle present grade. K STATEME  The physical condition of the above-n  (F	1 2 3  NT OF EXEMP  MED  named child is such  PHYSICIAN)  RELI  State your re	Paren Telep 4 5 6 PTION TO IMM PICAL EXEMPT In that immunization IGIOUS EXEMPT Peason for requesting	hone 7 8 9  UNIZATION LAY TION on would endanger li Date TION ng this exemption.	10 11 12	Other