

## Immunizations

### **All students in grades K – 12 are required to have the following immunizations:**

- 4 DPT's (tetanus, diphtheria, acellular pertussis vaccine) (with the 4<sup>th</sup> dose on or after the 4<sup>th</sup> birthday and at least 6 months after previous dose given)
- 4 Polio (IPV) with the 4<sup>th</sup> vaccine given on or after the 4<sup>th</sup> birthday
- 2 MMRs (Measles, Mumps, Rubella)
- 3 Hepatitis B
- 2 Varicella (or written documented proof of disease month and year)

### **Students entering the 7<sup>th</sup> grade are required to have two the additional vaccines:**

- 1 meningococcal conjugate vaccine (MCV)
- 1 Tdap (tetanus, diphtheria, acellular pertussis vaccine)

### **Students entering 12<sup>th</sup> grade are required the have one additional vaccine:**

- 1 Meningococcal (MCV) this would be the 2<sup>nd</sup> vaccine of the series

***Written documentation from a physician or  
the State Health Department is required to verify immunizations.***

### **Effective 2017- 2018 school year:**

- There is a 5 day window from the start of school to obtain the required vaccines or risk being excluded from school. However, a student may attend school provisionally beyond the five days if the child submits a medical certificate from a health care provider outlining the dates for additional vaccination.
- If the student has not received all the doses of a multiple dose vaccine series on the child's first day of attendance for that school year, the school administrator or a designee may NOT provisionally admit the child unless the five-day rule can be met or a medical certificate is provided.
- Students that have not received a SINGLE dose vaccine on their first day of attendance for that school year may NOT be admitted to school.

### **Exemptions to the school laws for immunizations are:**

- Medical reasons
- Religious beliefs
- Philosophical/strong moral or ethical conviction

*If your child is exempt from immunizations, he or she may be removed from school during an outbreak.*

# CERTIFICATE OF IMMUNIZATION

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 Other \_\_\_\_\_

## PENNSYLVANIA DEPARTMENT OF HEALTH - CERTIFICATE OF IMMUNIZATION

VACCINE Circle appropriate item	Enter month, day, and year when immunization doses listed below were given.				
Diphtheria, tetanus and acellular pertussis (DTaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3 / /	4 / /	5 / /
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	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 diagnosed by a physician: Date _____		

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Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Parent or guardian \_\_\_\_\_

Telephone \_\_\_\_\_

Please circle present grade. K 1 2 3 4 5 6 7 8 9 10 11 12 Other \_\_\_\_\_

## 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

State your reason for requesting this exemption.

### PHILOSOPHICAL/STRONG MORAL OR ETHICAL CONVICTION EXEMPTION

State your reason for requesting this exemption.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(PARENT OR GUARDIAN)