Name									
Address			Parent or gua	rdian					
			Telephone_						
Race/ethnicity: White Blace	k 🗆 Asian or	Pacific Islande	er \square	American Inc	dian or Ala	askan Nati	ve		
Hispanic origin: ☐ Yes ☐ No Please circle present grade. K	1 2 3	4 5	6 7	8 9	10	11 12	Othe	er	
PENNSYLVANIA DEPART									
VACCINE	Enter month, day,		-1						
Circle appropriate item Diphtheria, tetanus and acellular pertussis									
(DTaP, DTP, Td or DT)	1 / /	2 / /	3	1 1	4	1 1	5	1	1
Tetanus, diphtheria and acellular pertussis (Tdap)	1 / /	2 / /	3	1 1	4	1 1	5	1	1
Polio (OPV or IPV)	1 / /	2 / /	3	1 1	4	1 1	5	1	1
Hepatitis B	1 / /	2 / /	3	1 1	4	1 1	5	1	1
Measles - mumps - rubella (MMR)	1 / /	2 / /	orl	Measles serolo	gy Date		Tite	r	
Varicella (vaccine or disease)	1 / /	2 / /	Ru	bella serology	Date		Tite	r	
Meningococcal (MCV)	1 / /	2 / /	11				П		
Other	1 / /	2 / /		mps disease di	agnosed b	v a physicia	n: Date		
		1	-)	1502.32	0 Rev. 03/17
Name								H502.32	0 Rev. 03/17
Name			Birthdate					H502.32	0 Rev. 03/17
Name								H502.32	0 Rev. 03/17
Address			Birthdate Parent or gual Telephone	rdian					0 Rev. 03/17
AddressPlease circle present grade. K	1 2 3	4 5	Birthdate Parent or guar Telephone _ 6 7	rdian	10				0 Rev. 03/17
AddressPlease circle present grade. K	1 2 3 ENT OF EXEMP	4 5	Birthdate Parent or guar Telephone _ 6 7	rdian	10				0 Rev. 03/17
AddressPlease circle present grade. K	ENT OF EXEMP	4 5	Birthdate Parent or guar Telephone 6 7	rdian	10				0 Rev. 03/17
AddressPlease circle present grade. K	ENT OF EXEMP	4 5 PTION TO	Birthdate Parent or guar Telephone 6 7 IMMUNIZ	8 9 ATION L	10 AW	11 12			0 Rev. 03/17
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AddressPlease circle present grade. K STATEME	MED named child is such	4 5 PTION TO	Birthdate Parent or gual Telephone 6 7 IMMUNIZ MPTION nization wou Date	8 9 ATION L	10 AW r life or h	11 12 nealth.	Other		
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Please circle present grade. K STATEME The physical condition of the above-r Signed	MED named child is such PHYSICIAN) RELI State your re State your re	4 5 PTION TO DICAL EXEL The that immunities the season for requirements of the season for req	Birthdate Parent or guar Telephone 6 7 IMMUNIZ MPTION mization wou Date EMPTION uesting this or	8 9 ATION L	10 AW r life or h	11 12 nealth.	Other		