

Calvary Early Learning Center Immunization Form

Due: October 1, 2024

Name		Birtho	date		
Address		Paren	t or guardian		
			hone		
Race/ethnicity: ☐ White ☐ Blace Hispanic origin: ☐ Yes ☐ No	ck ⊔ Asian or	Pacific Islander	☐ American India	n of Alaskan Nativ	/e
Please circle present class: Twos Thr	rees Fours PreK	К			
PENNSYLVANIA DEPAR	TMENT OF HE	ALTH – CERTII	FICATE OF IMMI	UNIZATION	١
VACCINE Circle appropriate item	Enter month, day,	and year when immur	nization doses listed b	elow 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	4 / /	2 / /	3 / /	4 / /	5 / /
Measles - mumps - rubella (MMR)	1 / /	2 / /	or Measles serology		Titer
	1 / /				
Varicella (vaccine or disease)	1 / /	2 / /	Rubella serology	Date	Titer
Meningococcal (MCV)	1 / /	2 / /			
Other	1 / /	2 / /	Mumps disease diag	nosed by a physiciar	n: Date
					H502.320 Rev. 03/17
Name		Birth	date		
NameAddress					
		Parer	nt or guardian		
		Parer Telep	nt or guardian		
Address	Threes Fours Pre	Parer Telep	nt or guardian		
Address	Threes Fours Pre	Parer Telep	ohone		
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