



Calvary Early Learning Center

Immunization Form

Due: October 1, 2024

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 class: Twos Threes Fours PreK K

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 | | |

H502.320 Rev. 03/17

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Address _____ Parent or guardian _____

Telephone _____

Please circle present class: Twos Threes Fours PreK K

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 _____
(PARENT OR GUARDIAN) (Date)