				Bir	thdat	е									
NameAddress					Birthdate Parent or Guardian										
				Tel	epho	ne						-			
Race/Ethnicity □ White □ Black □ Asia Hispanic Origin: □ Yes □ No	an or	Pac	ific Is	slande	r 🗌 A	meric	can In	dian	or Ala	skan	Nativ	е			
Please Circle Present Grade: K	1 :	2	3	4	5	6	7	8	9	10	11	12	SI	o. Ed	•
PENNSYLVANIA DEPAR	RTMI	EΝ	T OI	F HE	ALTI	1 – C	CERT	IFIC	CATE	OF	IMN	IUNIZ	ZATI	NC	
VACCINE			Ent	er Mo	nth, I	Day, A	And Y	ear E	ach I	mmu	nizat	ion Wa	as Gi	ven	
Circle appropriate item								DO	SES						
Diptheria and Tetanus (DTaP, DTP, Td or DT)	1	1	1	2	1	1	3	1	1	4	1	1	5	/	/
Polio (OPV or IPV)	1	7	1	2	1	1	3	1	/	4	/	/			
Hepatitis B	1	1	1	2	7	1	3	1	1						
Measles - Mumps - Rubella (MMR)	1	1	/	2	1	1	or N	1easles	Serolog	3y:	Date	)		Titer	
Varicella (Vaccine or Disease)	1	1	1	2	/	/	Rub	ella Se	rology:		Date			Titer	
Other	1	/	/	2	/	/	Mur	nps dis	sease dia	agnose	d by a p	hysician:	Date		
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Name	باليد	84.		Birth	date	1000				-					
NameAddress															
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Address  Please Circle Present Grade: K 1  STATEMENT  The physical condition of the above name	2 OF e chil	E) ME	3 KEM	Pare Tele 4 : PTIO AL E	nt or ohon o N T XEM	Guar 3 D IM	dian_ 7 8 IMUN	IIZA	9 1 .TIOI	O N LA	11 W	12	Sp.		
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Address Please Circle Present Grade: K 1 STATEMENT	2  T OF  e chil	E) ME	3 XEM DIC s such	Pare Tele 4 4 PTIO AL En that	nt or ohon N T XEM	Guar 6 IM IPTIO	rdian_ 7 & IMUN ON ion wo	IIZA	9 1 TION	0 N LA	11 W	12 health.	Sp.	Ed.	·
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Please Circle Present Grade: K 1  STATEMENT  The physical condition of the above name Signed  (Includes a strong Parent or guardian of the above named or immunizations.  State your reason for requesting a relig	2 POF E chil R I more	E) ME dd is	3  KEM  DIC  s such  IGIC  r eith  eres  empt	Pare Tele 4 ! PTIO AL En that  DUS ! ical co a re tion	N TOXEN	Guar 6 7 IM IPTIO nizati MPT ion si	TION imilar lief wh	JIZA	9 1 TION endan Date religio	ger li	11 W fe or elief.) are op	12 health.	Sp.	Ed.	