



2552 Route 6
 Hawley, PA 18428-9007
 (570) 226-4557 ext. 3000
 Fax: (570) 226-0638

WALLENPAUPACK AREA SCHOOL DISTRICT

CERTIFICATE OF IMMUNIZATION / IMMUNIZATION EXEMPTION

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	Enter month, day, and year when immunization doses listed below were given.				
Circle appropriate item	1.	2.	3.	4.	5.
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

OR

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

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 _____

Please select your reason for the exemption:

- Religious Exemption: Explain _____
- Philosophical/Moral/Ethical Exemption: Explain _____
- Medical Exemption (Physician must sign below):

The physical condition of the above-named child is such that immunization would endanger life or health.

Signed _____ Date _____
 (PHYSICIAN)

Signed _____ Date _____
 (PARENT OR GUARDIAN)