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WALLENPAUPACK AREA SCHOOL DISTRICT

Keith Gunuskey
 Superintendent

Jay Starnes, Ed. D.
 Assistant Superintendent

Kerriann Horan
 Business Administrator

Lindsey Shaheen
 Board Secretary

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 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

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)