



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

WALLENPAUPACK AREA SCHOOL DISTRICT

Michael R. Silsby
 Superintendent

Kerriann Horan
 Business Administrator

Keith Gunuskey
 Assistant Superintendent

Jennie Hildebrand
 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)

The Wallenpaupack Area School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies. Michael Silsby, Superintendent, 2552 Route. 6, Hawley, PA, 18428. Telephone-570-226-4557 ext. 3000.