

# SCHOOL VACCINATION REQUIREMENTS FOR ATTENDANCE IN PENNSYLVANIA SCHOOLS

## FOR ATTENDANCE IN ALL GRADES CHILDREN NEED THE FOLLOWING:



- 4 doses of tetanus, diphtheria, and acellular pertussis\* (1 dose on or after the 4th birthday)
  - 4 doses of polio (4th dose on or after 4th birthday and at least 6 months after previous dose given)\*\*
  - 2 doses of measles, mumps, rubella\*\*\*
  - 3 doses of hepatitis B
  - 2 doses of varicella (chickenpox) or evidence of immunity
- \*Usually given as DTP or DTaP or if medically advisable, DT or Td*  
*\*\* A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose*  
*\*\*\*Usually given as MMR*



**ON THE FIRST DAY OF SCHOOL**, unless the child has a medical or religious/philosophical exemption, a child must have had at least one dose of the above vaccinations or risk exclusion.

- If a child does not have all the doses listed above, needs additional doses, and the next dose is medically appropriate, the child must receive that dose within the first five days of school or risk exclusion. If the next dose is not the final dose of the series, the child must also provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- If a child does not have all the doses listed above, needs additional doses, and the next dose is not medically appropriate, the child must provide a medical plan (red and white card) within the first five days of school for obtaining the required immunizations or risk exclusion.
- The medical plan must be followed or risk exclusion.

## FOR ATTENDANCE IN 7TH GRADE:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade.
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade.

**ON THE FIRST DAY OF 7TH GRADE**, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

## FOR ATTENDANCE IN 12TH GRADE:

- 1 dose of MCV on the first day of 12th grade. If one dose was given at 16 years of age or older, that shall count as the twelfth grade dose.

**ON THE FIRST DAY OF 12TH GRADE**, unless the child has a medical or religious/philosophical exemption, a child must have had the above vaccines or risk exclusion.

**The vaccines required for entrance, 7th grade and 12th grade continue to be required in each succeeding school year.**

These requirements allow for the following exemptions: medical reason, religious belief, or philosophical/strong moral or ethical conviction. Even if your child is exempt from immunizations, he or she may be excluded from school during an outbreak of vaccine preventable disease.

Pennsylvania's school immunization requirements can be found in 28 Pa.CODE CH.23 (School Immunization). Contact your healthcare provider or call 1-877-PA-HEALTH for more information.

I understand that if an outbreak of vaccine-preventable disease occurs for which my child is exempt, my child may be excluded from school for the duration of the outbreak. I affirm that the information on this form is complete and correct.

## **\*\*Immunization Exemption Form\*\***

(Medical/Religious/Philosophical)

For School Immunization Requirements

<b>Student's Full Name:</b>	<b>Birthdate (mm/dd/yyyy):</b>	<b>Grade Level:</b>	<b>Student ID:</b>
<b>Parent or Guardian's Name:</b>		<b>Telephone Number:</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**NOTICE:** When a health care practitioner has determined a specific vaccination is not advisable for the child for medical reasons, this form must be completed by a physician and submitted to the student's school at the start of each school year.

### **\*\*Medical Exemption\*\***

Children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. (Please indicate which vaccine antigen(s) the medical exemption is referring to):

**Medical**

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Diphtheria             | <input type="checkbox"/> Tetanus       | <input type="checkbox"/> Acellular Pertussis | <input type="checkbox"/> Polio   |
| <input type="checkbox"/> Hepatitis B            | <input type="checkbox"/> Measles       | <input type="checkbox"/> Mumps               | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Varicella (chickenpox) | <input type="checkbox"/> Meningococcal |  |                                  |

### **Physician Declaration**

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

Physician Name (print)

Physician Signature

Date

**NOTICE:** A parent or guardian may exempt their student from the vaccinations listed below by submitting this completed form to the student's school at the start of each school year.

### **\*\*Personal/Philosophical or Religious Exemption\*\***

I am exempting my child from the requirement that my child be vaccinated against the following disease(s) to attend school. (Select an exemption type and the vaccinations you wish to exempt your child from):

**Personal/Philosophical**

**Religious**

- |   |  |  |                                  |
|---|--|--|----------------------------------|
| <input type="checkbox"/> Diphtheria             | <input type="checkbox"/> Tetanus       | <input type="checkbox"/> Acellular Pertussis | <input type="checkbox"/> Polio   |
| <input type="checkbox"/> Hepatitis B            | <input type="checkbox"/> Measles       | <input type="checkbox"/> Mumps               | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Varicella (chickenpox) | <input type="checkbox"/> Meningococcal |  |                                  |

**State your reason for requesting this exemption:**

### **Parent/Guardian Declaration**

One or more of the required vaccines conflicts with my personal, philosophical, or religious beliefs. I understand that if an outbreak of vaccine-preventable disease occurs for which my child is exempt, my child may be excluded from school for the duration of the outbreak. I affirm that the information on this form is complete and correct.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date