

Attention Parents/Guardians

DON'T WAIT. VACCINATE.

FOR ATTENDANCE IN ALL GRADES children need the following:



- 4 doses of tetanus*
(1 dose on or after the 4th birthday)
- 4 doses of diphtheria*
(1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles**
- 2 doses of mumps**
- 1 dose of rubella (German measles)**
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox)
vaccine or history of disease

*Usually given as DTP or DTaP or DT or Td

**Usually given as MMR

Children ATTENDING 7th grade need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) if 5 years has elapsed since last tetanus immunization.
- 1 dose of meningococcal conjugate vaccine (MCV).

These requirements allow for the following exemptions:

Medical reason
Religious belief
Philosophical/strong moral or ethical conviction

If your child is exempt from immunizations, it may be recommended that he/she be excluded from school.

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

CANON-McMILLAN SCHOOL DISTRICT

In accordance with legislation passed in July 1997, no child will be admitted to school unless the following immunizations have been completed. Proof of immunization must be presented before entry into school.

IMMUNIZATION REQUIREMENTS TO ATTEND SCHOOL:

- 4 Doses of DTP or TD: Diphtheria (D), Tetanus (T), Pertussis (P)
Fourth dose of Tetanus and Diphtheria TD administered on or after the fourth birthday.
- 3 Doses of Polio Vaccine
- 2 Doses of Measles, Mumps, Rubella Vaccine (MMR)
- 3 Doses of Hepatitis B Vaccine
- 2 Varicella (Chicken Pox) or history of disease

Medical Examination A child need not be immunized if your physician provides a written statement that immunization may be detrimental to his/her health. When immunization is no longer considered detrimental, the child will have to comply with the above immunization.

Religious Exemption Children need not be immunized if the parent or guardian objects in writing to the immunization on religious grounds.

****FREE IMMUNIZATIONS AVAILABLE.....Call the Pennsylvania Department of Health Immunization Clinic at 724-223-4540 to arrange for an appointment.**

PRESENT TO SCHOOL UPON REGISTRATION

Name of Student _____ D.O.B _____

Vaccine	Number of Doses Required by Law	Number of Doses Received in Past	Dates on which shots were given	BOOSTER	
				Check If Needed	Date Given
Diphtheria Tetanus Pertussis <small>Usually given as DTP or DTaP or DT or TD</small>	4		#1 _____ #2 _____ #3 _____ #4 _____	#5	_____
Polio	3		#1 _____ #2 _____ #3 _____	#4	_____
Measles/ Mumps/Rubella	2		#1 _____ #2 _____		
Hepatitis B	3		#1 _____ #2 _____ #3 _____		
Varicella (Chicken Pox)	2		#1 _____ #2 _____		

Tuberculin Test Date _____

Chest X-Ray Date _____

Special Health Problems _____

Physician's Signature _____

Date _____