



Blue Mountain Academy

2363 Mountain Road, Hamburg, PA 19526 USA fax: 484-662-7001

Immunization Records *For New Students Only*

Student's Name (Print) _____

Birth Date _____

Grade _____

Should be filled by the health care provider

- Medical Exemption (The physical condition of the student listed above is such that immunization would endanger life or health)
- Religious Exemption (Include in writing a strong moral or ethical conviction related to a religious belief by parent/guardian)

Immunization	Date	Date	Date	Date	Date
	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	Booster
Diphtheria, Pertussis & Tetanus	∅	∅	∅	∅	∅
Diphtheria, Pertussis & Tetanus	Booster	Booster	Booster		
Oral Polio	∅	∅	∅	∅	
Hepatitis B	∅	∅	∅		
Measles – Mumps – Rubella	∅	∅			
Titer:					
Varicella	∅	∅			
Date of the Disease:					
Meningococcus Vaccine					
TB Screening	Date	Negative	Positive	Result (mm)	
Other:					

∅ **Required immunizations prior to the first day of school**

Health Care Provider's Signature _____

Health Care Provider's Name (Print) _____

Date _____