

# Immunization Requirements

## IS YOUR STUDENT READY FOR 7TH GRADE?

### DID YOU KNOW...

...the Pennsylvania Department of Health requires all students entering 7th grade to submit the required proof of vaccinations prior to school attendance or they will not be able to attend school? It's the law.



Follow these steps to make sure your student is ready for school.



### SCHEDULE

your student's well visit to ensure receipt of the required 7th grade vaccinations:

- Tetanus, diphtheria, acellular pertussis (Tdap) - 1 dose
- Meningococcal Conjugate (MCV4) - 1 dose



### OBTAIN

a medical certificate signed by your student's doctor, detailing the plan to complete vaccines on the appropriate schedule.

The medical certificate is available at [philasd.org/VAX](http://philasd.org/VAX).



### SUBMIT

an exemption form if your student is exempt from any immunizations for a medical, religious or philosophical/strong moral reason.

Exempt students may be removed from school during a disease outbreak.

The exemption form is available at [philasd.org/VAX](http://philasd.org/VAX).

Call your student's doctor or a city health center today!  
To schedule an appointment at a health center call (215) 685-2933.

Families or students with questions are encouraged to visit [philasd.org/VAX](http://philasd.org/VAX) or call (215) 400-5VAX.



THE SCHOOL DISTRICT OF  
PHILADELPHIA



Dear Parents/Guardians of Upcoming 7th Grade Students:

As you prepare for your student to enter 7th grade, we have important information regarding District vaccination requirements. The Pennsylvania Department of Health requires that all students entering 7th grade provide proof of receiving one dose of the **Tdap** (Tetanus, diphtheria, & acellular pertussis) vaccine and one dose of the **MCV4** (meningococcal conjugate) vaccine prior to school attendance. If your student has already received these vaccinations, please be sure to provide your student's school with an up to date immunization record before the start of the 2020/2021 school year. If you have already provided this record to school—thank you!

Please schedule an appointment for the required vaccines with your student's doctor or at a Philadelphia city health center. This will ensure that your student is able to attend school in the fall.

If your student is exempt from any immunization(s) for a medical, religious or philosophical/strong moral reason, you are required to complete and submit an Exemption Form before school starts in the fall. The form is available at <https://www.philasd.org/VAX>.

At the School District of Philadelphia, the safety and well-being of all students is a top priority. Our schools work hard to ensure compliance with the immunization laws. We can only accomplish this with your help. Updated records may be submitted by email ([5vax@philasd.org](mailto:5vax@philasd.org)), fax (215-400-5830), or dropped off in person at your student's school when schools reopen. Thank you for helping your student be prepared for 7th grade.

For your reference, a flyer outlining immunization requirements is attached. Should you have any questions or require additional information, please contact your school nurse via email or visit <https://www.philasd.org/VAX>.

Sincerely,

Barbara L. Klock, MD  
Student Health Medical Advisor

cc: Principals  
Assistant Superintendents

**STEPHEN DECATUR ELEMENTARY SCHOOL**  
3500 Academy Road  
Philadelphia, Pennsylvania 19154  
Telephone (215) 400-3050 Fax (215) 400-3051

Dear Parent/Guardian:

The Department of Health requires that all children entering 7<sup>th</sup> grade receive a current dose of tetanus, diphtheria, acellular pertussis vaccine (Tdap) and 1 dose of the meningococcal conjugate vaccine (MCV) in order to attend school. Please send in the dates that these immunizations were given within the first three weeks of starting 7<sup>th</sup> grade to prevent possible exclusion from school. Immunizations records can be submitted earlier by email if child has already received. The email address is [rbabitt@philasd.org](mailto:rbabitt@philasd.org). Please feel free to contact the school nurse with any questions. Just as a reminder, all students require a minimum of 4 polio vaccines appropriately spaced. Thank you in advance for your cooperation.

Sincerely,

Risa Babitt RN, CSN  
School Nurse

**Stephen Decatur Elementary School  
3500 Academy Road  
Philadelphia, Pennsylvania 19154**

Telephone (215) 400-3050  
Fax (215) 400-3051

## 7<sup>th</sup> Grade Dental Exam

Dear Parent/Guardian:

Pennsylvania law requires that students attending school in the Commonwealth receive a dental exam while in the **SEVENTH GRADE**. Please take the attached form to your child's dentist to be completed and then return to the School Nurse in September.

If your child's exam is not scheduled until after the beginning of the school year, please return the form once exam has been completed.

Thank you for your cooperation. If you have any questions, please contact the School Nurse at 215-400-3050 (option 2) or by email at [rbabitt@philasd.org](mailto:rbabitt@philasd.org).

Sincerely,

Risa Babitt RN, CSN  
School Nurse

THE SCHOOL DISTRICT OF PHILADELPHIA  
**REPORT OF PRIVATE DENTAL EXAMINATION**

Name of School	Student ID	Date Issued	
Name of Student	Date of Birth	Room/Section/Book	Grade
<p><b>TO THE DENTIST</b></p> <p><i>Pennsylvania law requires that students attending school in the Commonwealth receive periodic dental examinations at stated intervals (upon original entry, while in third grade, and while in seventh grade).</i></p> <p><i>These examinations are required for school attendance. Payment for these examinations is the responsibility of the parent/guardian. If the student/family does not have health insurance the school nurse will help the family apply for health insurance. Please attach a copy of the student's dental examination or record the data below.</i></p> <p><i>Thank you for your cooperation.</i></p>			
<b>UNDER TREATMENT / WORK BEGUN</b>		<b>COMPLETION OF WORK / NO TREATMENT NECESSARY</b>	
Date Work Begun		<input type="checkbox"/> No Treatment Required Now	
Scheduled Follow-up Appointment		<input type="checkbox"/> All Necessary Dental Work Completed	
Date of Dental Examination		Expected Completion Date	
<i>Comments / Follow-up Treatment / Special Instructions to School</i>			
Name of Dentist		Telephone	
Signature of Dentist		Date Signed	
Address		Fax Number	

**IMPORTANT:**

**Return this form to:**

\_\_\_\_\_

Certified School Nurse/Practitioner

\_\_\_\_\_

School

\_\_\_\_\_

School Address

\_\_\_\_\_

Phone Number