CERTIFICATE OF IMMUNIZATION

			(Fill in X) Complete For K through 6th Grade
nild's Name (Last name first)	Birthdate	Date of Expiration	Child must be ≥ 4 years and have met all requirements for school attendance.
		(Next required immunization or review of medical	(Fill in X)
ptional) Parent/Guardian Name (Last name first)		exemption due.)	Complete For 7th Grade or higher
			Fulfills requirements K through 6th grade
			AND must have Tdap and MCV4 documented

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

VACCINE	DATE	DATE	DATE	DATE	DATE	DATE	Total Doses	Diagnosed	Serology +	History	Med. Exemption
	MM DD YY	MM DD YY					Tot	Di	Se	Ξ	Ме Пхе
	T	Require	ed Vaccines for	r School or Ch	Ild Care Attend	lance	1	1			
DTP,DTaP, DT,Td										_	
Polio											
Hepatitis B											
Tdap											
MCV4											
HIB (Under Age 5)											
PCV											
(Under Age 5)								1 [ł	
Measles								-		ŀ	
Mumps								-		-	
Rubella								-		-	
Hepatitis A (Born on/after 1/1/06)											
Varicella											
Recommended Vaccines (For Information Only)											
Rotavirus											
HPV (3 doses)											
Influenza											
Td Booster											

Notes:

Notes: A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant or qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es). The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, Advanced Practice Registered Nurse, Physician Assistant or health department, certified by signature and a date of issue. A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. When a child leaves or transfers to another facility. the Certificate of Immunization expiration. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.

Printed, Typed or
Stamped Name,
Address and
Telephone # of
Licensed
Physician
or Health Dept.

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