



## FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>DOB (MO/DA/YR)</b>
<b>PARENT OR GUARDIAN</b>	<b>CHILD'S SS# (optional)</b>	<b>STATE IMMUNIZATION ID# (optional)</b>	

**Directions:**

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: [http://us/disease\\_ctrl/immune/schoolguide.pdf](http://us/disease_ctrl/immune/schoolguide.pdf).

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H,	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella Varicella Disease	K	_____	_____	_____	_____	_____
	L	_____	_____	_____	_____	_____
PneumoConju		Year	_____	_____	_____	_____

**Select appropriate box(es)  
Certificate of Immunization for K-12**

**Part A-Complete**

**Part A** (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7<sup>th</sup> grade {and for grades kindergarten through 12.} I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

**Temporary Medical Exemption**      **Expiration date:** \_\_\_\_\_

**Part B-Temporary**

**Part B** (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A) **Invalid without expiration date.** DOE Code 2

**Permanent Medical Exemption**

**Part C-Permanent**

**Part C** (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)  
DOE Code 3 \_\_\_\_\_

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician or  
Authorized Signature: \_\_\_\_\_  
Issued By: \_\_\_\_\_  
Date: \_\_\_\_\_

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PATIENT	TEST		01/01/2006
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>DOB</b>
MOM PATIENT		9900001032	
Parent or Guardian	Child's SS# (optional)	State Immunization ID#	

**Directions:**

\* For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	Booster	_____
Polio	D	_____	_____	_____	_____	_____
HIB	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	_____
	I	Rubella (dose 1)	Rubella (dose 2)	_____	_____	_____
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
PneuConju		Year	_____	_____	_____	_____

**Certificate of Immunization for K-12**

**PART A** (Immunizations are complete for school entry and attendance for grades kindergarten through 12.) DOE Code 1  
I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name: BUREAU OF IMMUNIZATION  
2585 MERCHANTS ROW BLVD  
TALLAHASSEE, FL 32399

Physician or  
 Authorized Signature: TEST DOCTOR  
 Electronic Certification: MD4N6GWBLG9  
 Date: 07/03/2007  
 Issued By: TEST USER

flshots