

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, First name) _____

Birthdate _____

(Optional) Parent/Guardian Name (Last name, First name) _____

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.

(Fill in X)
Complete For K through 6th Grade
 Child must be >= 4 years and have met all requirements for school attendance.

Date of Expiration _____
 (Next required immunization or review of medical exemption due.)

(Fill in X)
Complete For 7th through 10th Grade
 Fulfills requirements K through 6th grade AND must have Tdap and MCV4 administered.

(Fill in X)
Complete For 11th Grade and higher
 Fulfills requirements K through 10th grade AND must have MCV4 booster dose administered on or after 16th birthday.

VACCINE	DATE			DATE			DATE			DATE			DATE			Total Doses	Diagnosed	Serology+	History	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY					
Required Vaccines for School or Child Care Attendance																				
DTP,DTaP,DT,Td																				
Polio																				
Hepatitis B																				
Tdap																				
MCV4																				
HIB (Under Age 5)																				
PCV (Under Age 5)																				
Measles																				
Mumps																				
Rubella																				
Hepatitis A (Born on/after 1/1/06)																				
Varicella																				
Recommended Vaccines (For Information Only)																				
Rotavirus																				
HPV																				
Influenza																				
Td (booster)																				
Men-B																				

Notes:

A licensed Georgia physician, **Advanced Practice Registered Nurse, Physician Assistant**, 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 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 Department

Certified by (Signature/Signature Stamp) _____ Date of Issue _____