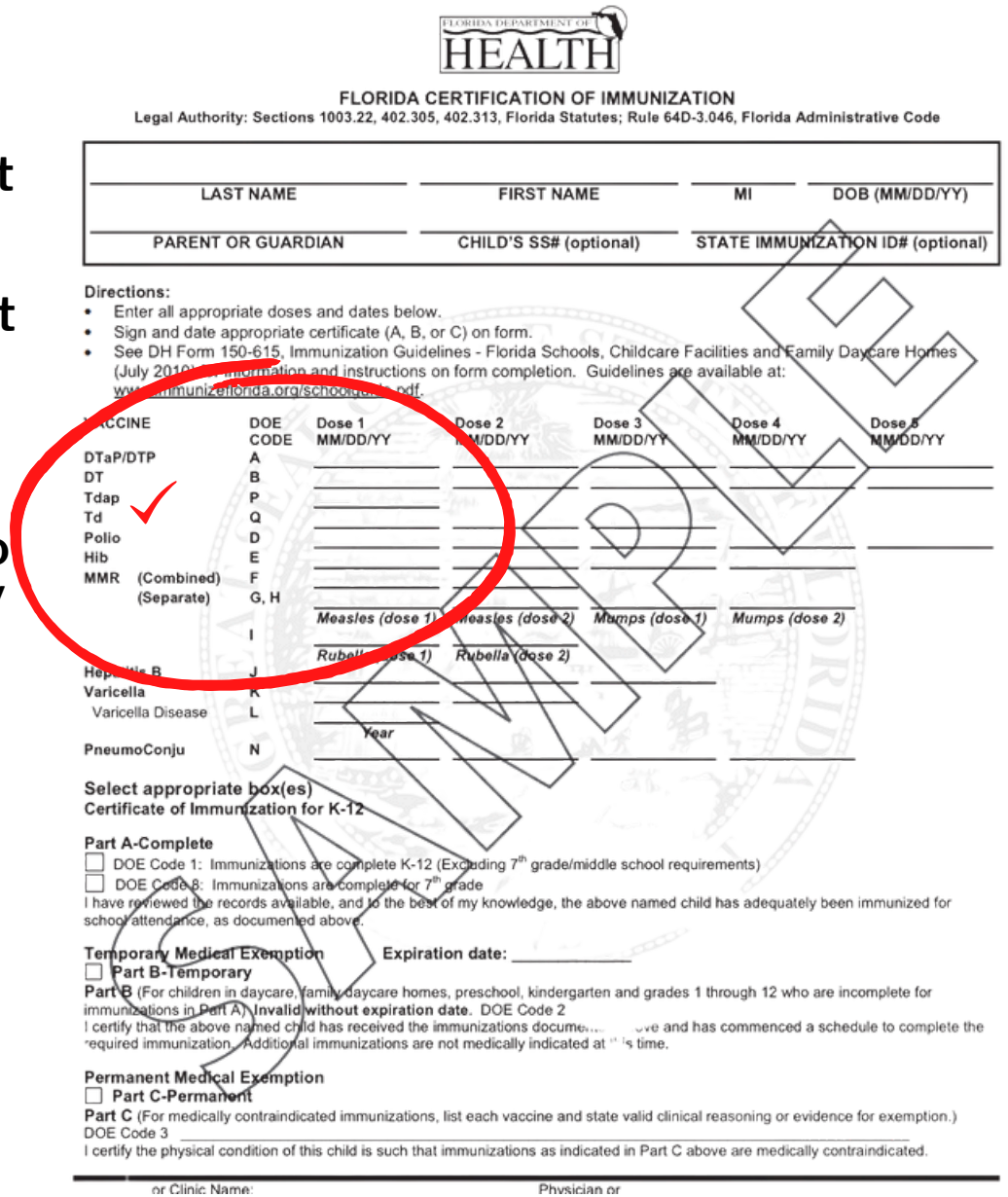
IMMUNIZATION NOTE

All students must provide a Florida Certificate of Immunization (DH 680) stating that their immunizations are complete for school entry. Please note that in addition to compliance with all other required immunizations, children entering the 7th-12th grades in Florida schools must have received one dose of the tetanus-diphtheria-pertussis (Tdap) vaccine.

Your child may need additional immunizations and/or you may just need to turn in the updated DH 680 form. You may request the form from your child's physician's office or visit a public health center.

<u>Your child will not be issued an official schedule in August without having the form submitted.</u>

<u>ALL FAMILIES</u> please email your child's updated immunization form to Denise.Gonzalez@browardschools.com.



FLORIDA DEPARTMENT OF HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 201[illegible] information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolcare.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A					
DT	B					
Tdap	P					
Td	Q					
Polio	D					
Hib	E					
MMR (Combined)	F					
(Separate)	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					
		Year				
PneumoConju	N					

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

Part A-Complete

☐ DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
☐ DOE Code 8: Immunizations are complete for 7th grade
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.

Temporary Medical Exemption **Expiration date:** _____
☐ **Part B-Temporary**
Part B (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2
I certify that the above named child has received the immunizations docume[illegible]ove and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at [illegible]'s time.

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 immunizations as indicated in Part C above are medically contraindicated.

or Clinic Name: Physician or

SAMPLE

You may email a JPG. or a PDF of the form.