

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name first) _____ Birthdate _____

(Optional) Parent/Guardian Name (Last name first) _____

_____ OR _____ Date of Expiration (Next required immunization or review of medical exemption due.)	<input type="checkbox"/> (Fill in X) Complete For School Attendance Child must be ≥ 4 years and have met all requirements for school attendance. The vaccine history section must be filled in.
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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			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 or Tdap																				
Hepatitis B																				
OPV																				
IPV																				
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)																				
MCV/MPSV																				
Rotavirus																				
HPV																				
Influenza																				
Td or Tdap (Booster Dose)																				

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 and certification of this certificate with legible name, address, signature and date of issue. 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.** 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) _____ Date of Issue _____