



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

_____ _____ LAST NAME	_____ _____ FIRST NAME	_____ _____ MI	_____ _____ DOB (MO/DA/YR)
_____ 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 "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.

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)	F	_____	_____	_____	_____	_____
(Separate)	G, H,	_____	_____	_____	_____	_____
	I	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
	J	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	K	_____	_____	_____	_____	_____
Varicella	L	_____	_____	_____	_____	_____
Varicella Disease		_____	_____	_____	_____	_____
		Year	_____	_____	_____	_____
PneumoConju		_____	_____	_____	_____	_____

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 7th 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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Directions:

Certificate of Immunization for K-12

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