



**FLORIDA CERTIFICATION OF IMMUNIZATION**

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

SAMPLE		CHILD	01/01/2001
LAST NAME		FIRST NAME	MI
SAMPLE, MOM			9900744900
PARENT OR GUARDIAN		CHILD'S SS# (Optional)	STATE IMMUNIZATION ID#

**Directions:**

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: [www.ImmunizeFlorida.org/schoolguide.pdf](http://www.ImmunizeFlorida.org/schoolguide.pdf).

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	03/01/2001	05/01/2001	07/01/2001	01/01/2002	01/01/2005
DT	B					
Tdap	P	04/27/2011				
Td	Q					
Polio	D	03/01/2001	05/01/2001	07/01/2001	01/01/2005	Complete
Hib	E	03/01/2001	05/01/2001	01/01/2002	Complete	
MMR (Combined) (Separate)	F	01/01/2002	01/01/2005			
	G, H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
Hepatitis B	J	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
		03/01/2001	05/01/2001	07/01/2001		
Varicella Varicella Disease	K	01/01/2002	01/01/2005			
		L				
PneumoConju	N	<i>Year</i>				
		03/01/2001	05/01/2001	07/01/2001	01/01/2002	

**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**

DOE Code 2 (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 documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this 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.

Physician or Clinic Name:

TEST ORG  
1234 TEST CLINIC ROAD  
TALLAHASSEE, FL 32308  
(850) 245-4444

Physician or

Authorized Signature: DOCTOR FEELGOOD

Electronic Certification: JF883MJTSFK

Date: 04/27/2011

Issued by: CHRIS SMITH

