

Lastname, Firstname S.
 Child's Name (Last name first) Firstname S.
Lastname, Mother S.
 Parent/Guardian Name (Last name first)

10 | 01 | 2001
 Birthdate

Date of Expiration (Next immunization or review of medical exemption due.)	<input type="checkbox"/>	OR	<input checked="" type="checkbox"/> Complete For School Attendance (Fill in X) 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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*Georgia law 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. Dates of Immunization ARE required for age 4 years and up. Dates are NOT required before the 4th birthday. See 3231INS and 3231REQ guides relative to Hib.

VACCINE	DATE			DATE			DATE			DATE			Total Doses	Diagnosed	Serology +	History	Med. Exemption	
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY						
DTP, DTaP, DT, Td or Tdap	12	01	01	02	01	02	04	01	02	01	01	03	10	01	05			
Hepatitis B (Under Age 5) Hib	12	01	01	02	01	02				01	01	03						
OPV																		
IPV	12	01	01	02	01	02	01	01	03				10	01	05			
MMR										01	01	03	10	01	05			
Measles																		
Mumps																		
Rubella																		
Varicella							01	01	03									

***Notes:**

A licensed physician or Health Dept. official 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 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 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. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the DHR.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Dept.
Sample Q. Physician, M.D. P.C.
 1234 Some Street
 Fictitious Town GA 99999-9999
 (555) 123-4567

Certified by (Signature) Sample S. Physician, M.D. Date of Issue 12 | 01 | 2005