

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes, rules 64D-3.046, 65C-22.011 Florida Administrative Code

| | | |
|---------------------------|-------------------------------|-------------------------------|
| PATIENT | TEST | 01/01/2006 |
| Last Name | First Name | MI |
| MOM PATIENT | | DOB |
| Parent or Guardian | Child's SS# (optional) | State Immunization ID# |
| | | 9900001032 |

Directions:

For additional information See immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

| 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 | | | | | |
| | | 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 | | | | |
| PneuConju | | | | | | |

Certificate of Immunization for K-12

PART A (Immunizations are complete for school entry and attendance for grades kindergarten through 12.) DOE Code 1
I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name: BUREAU OF IMMUNIZATION
2585 MERCHANTS ROW BLVD
TALLAHASSEE, FL 32390

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

Form 680-00, 01-07 State Board of Health 2300000000