

CERTIFICATE OF IMMUNIZATION

*Lastname, Firstname I.*  
Child's Name (Last, first)

**03 11 04**  
Birthdate

*Mother J.*  
(Optional Parent/Guardian Name (Last, first))

OR  (Fill in X)  
Date of Expiration **Complete For School Attendance**  
(Next required immunization or review of medical history must be ≥ 4 years and have met all requirements for school attendance. The vaccine history must also be filled in.)

Unless specifically exempted by law, Georgia law O.C.G.A. §20-2-2 requires a certificate on file for each child in attendance in any school or child care facility in Georgia with local health authorities to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231 (Rev. 03/2007) distributed by the Georgia Immunization Program.

	DATE	DATE	DATE	DATE	DATE	DATE	DATE	Total Doses	Diag.	Serology	History	Med. Exemption						
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY
<b>Required Vaccines for School or Child Care Attendance</b>																		
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																		
<b>Recommended Vaccines (For Information Only)</b>																		
MCV/MPSV																		
Rotavirus																		
HPV																		
Influenza																		
Td or Tdap																		
(Booster Dose)																		

**Notes:**  
A licensed physician or qualified employee of a local Board of Health or the State Immunization Program 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.**

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**

*Sample Q. Physician M.D.* 02 01 2008  
Certified by (Signature) Date of Issue