

CERTIFICATE OF IMMUNIZATION

Jonathan Tanner Boer 6-20-02
Child's Name (first, middle, last) Birthdate

8/16/2023
Date of Expiration
(Next required immunization)

Parent/Guardian Name (first, middle, last)

Unless specifically exempted by law, Alabama law (Code of Alabama 1975, Section 16-30-4) requires a certificate on file for each child in attendance in all schools and licensed child care facilities in Alabama. Instructions for this form and immunization requirements by age are detailed via the ADPH website at www.adph.org/immunization.

www.adph.org/immunization.

VACCINE	DOSE 1 DATE			DOSE 2 DATE			DOSE 3 DATE			DOSE 4 DATE			DOSE 5 DATE			DOSE 6 DATE			Total Doses	Confirmed Lab		History	
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY		MM	YY	MM	YY
Required Vaccines for School or Child Care Attendance																							
DTP, DTaP, DT, Td, Tdap	8	19	02	10	23	02	1	6	03	2	2	04	6	22	07	8	16	13					
IPV, OPV	8	19	02	10	23	02	1	6	03	10	21	03	6	22	07								
Hib (Under Age 5)	8	19	02	10	23	02	1	6	03	6	22	07											
Measles	7	2	03	6	22	07																	
Mumps	7	2	03	6	22	07																	
Rubella	7	2	03	6	22	07																	
PCV	1	6	03	7	2	03	10	21	03	2	2	04											
Varicella	7	2	03	6	22	07																	
Recommended Vaccines																							
Hep A	6	22	07	8	16	13																	
Hep B	8	19	02	10	23	02	1	6	03														
HPV	—																						
MCV or MPSV	8	16	13																				
Rotavirus	—																						

Notes:
A licensed physician or qualified employee of the Alabama Dept. of Public Health is responsible for the content of this certificate. All dates must include the month, day, and year. In cases of history of disease or laboratory confirmation, the month and year of infection, or test must be filled in the appropriate box(es). **The certificate is NOT valid without the name and birthdate of the child, date of expiration, legible name and address of the physician or health department, certified by signature, and the date of issue.** A school or facility official is responsible for keeping a current valid Certificate on file for each child in attendance. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian.**

Printed, Typed, or
Stamped Name,
Address, and
Telephone # of
Licensed Physician
or Health Dept.
Dr. William E. Sumners
2161 Normandie Dr.
Montgomery, AL 36111
(334) 288-8222
Clinic Name: _____
Address: _____
Telephone #: () - _____
W E Sumners
Certified by (Signature) _____
Date of Issue | |

OFFICIAL CERTIFICATE

Result of x-ray or skin test must be no more than 1 year old when received in this office. If chest x-ray or skin test is found to be positive, a statement from a physician must accompany this health certificate.

Date Made: 8-7-20 Date Read: 8-9-20

Site Given: L Forearm

Chest x-ray or skin test - Result: 0.0 must be recorded in millimeters. Tech Int.: NJ

Jonathan Tanner Bolt

2115 Middle Rd Eclectic AL
Street, RFD, or Box City State

SIGNED: [Signature]

ADDRESS: 4452 US HWY 231 Wetumpka, AL