

Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

Breanna Thigpen

03/01/2003

Child's Name (first, middle, last)

Birthdate

10/12/2024
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 web site at www.adph.org/immunization

Vaccine	DOSE1 DATE MM DD YY	DOSE2 DATE MM DD YY	DOSE3 DATE MM DD YY	DOSE4 DATE MM DD YY	DOSE5 DATE MM DD YY	DOSE6 DATE MM DD YY	Total Doses	Confirmed Lab MM YY	History MM YY
Required Vaccines for School or Child Care Attendance									
DTP,DTaP,DT,	04/15/2003	12/01/2003	01/29/2004	08/18/2004	06/09/2008				
Td									
Tdap	06/12/2014								
IPV,OPV	04/15/2003	12/01/2003	01/29/2004	06/09/2008					
Hib (Under Age 5)	04/15/2003	12/01/2003	04/29/2004						
Measles	04/29/2004	06/09/2008							
Mumps	04/29/2004	06/09/2008							
Rubella	04/29/2004	06/09/2008							
PCV	04/15/2003	12/01/2003	01/29/2004						
Varicella	04/29/2004	06/09/2008							

Recommended Vaccines									
HepA	05/01/2007	06/09/2008							
HepB	03/03/2003	12/01/2003	01/29/2004						
HPV									
MCV or MPSV	06/12/2014								
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 4 digit year of infection, or test must be filled in the appropriate box(es).

The certificate is NOT valid without the name and birth date 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 the 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.

Clinic Name: The University Of Alabama
University Medical Center

850 5th Avenue East

Address: Tuscaloosa AL 354017419

Telephone #: 205-348-1770

Elizabeth Cocks MD
Certified by (Signature)

08/07/2014
Date of Issue