

CERTIFICATE OF IMMUNIZATION

ALEXANDRA MEIYING WALTERS

Child's Name (first, middle, last)

04/10/1995

Birthdate

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	DTP 02/22/96	DTP 04/11/96	DTP 07/25/96	DTP 10/16/96	DTAP UNS 04/21/00				
TD									
Tdap	TDAP 08/29/08								
IPV,OPV	OPV 02/22/96	OPV 04/11/96	OPV 10/16/96	IPV 04/21/00					
Hib (Under Age 5)	HIB UNS 02/22/96	HIB UNS 04/11/96	HIB UNS 07/25/96						
Measles	MMR 07/25/96	MMR 04/21/00							
Mumps	MMR 07/25/96	MMR 04/21/00							
Rubella	MMR 07/25/96	MMR 04/21/00							
PCV									
Varicella	VARICELLA 09/03/96	<i>history of chickenpox as 7y old</i>							

Recommended Vaccines									
HepA	HEP A 09/10/03	HEP A 08/29/08							
HepB	HEP B 02/22/96	HEP B 04/11/96	HEP B 09/03/96						
HPV									
MCV or MPSV	MCV UNS 08/29/08	<i>menudo 10-2015/10/2015</i>							
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 in 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 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 : PARTNERS IN PEDIATRICS LLC
MONTGOMERY

Address: 8160 SEATON PLACE
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Telephone #: (334)272-1799

Catherine L. Wood MD
Certified by (Signature) Date of Issue 11/6/2015