

STATE OF ALABAMA CERTIFICATE OF IMMUNIZATION

EXPIRATION DATE REQUIRED
(Date next vaccine is due)

Month Day Year

MITTAL PATEL

Name of Child

05/18/1986

Date of Birth

Parent or Guardian

Diphtheria, Tetanus, and Pertussis Vaccine (Circle vaccine given.) A medical exemption (see reverse side) is required for children less than 7 years of age who are not given pertussis vaccine.

TDap

07/09/2018

Polio Vaccine (Circle vaccine given.)

Measles, Mumps, Rubella (Circle vaccine given.)

MMR

MMR

03/26/2018

07/09/2018

Mo/Day/Year

Mo/Day/Year

Haemophilus influenzae Type b (Required for Day Care and Head Start only. Please record for historical information.)

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Varicella Vaccine (Required for Day Care and Head Start September 2000. Required for Kindergarten entry Fall of 2001 and for a grade higher each successive year.)

In lieu of Varicella Vaccine

History of Chickenpox

Mo/Day/Year

Positive Varicella

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Not required for school attendance. Please record for historical information. Do not expire this certificate for these vaccines.

Hepatitis B Vaccine

Mo/Day/Year

Mo/Day/Year

Mo/Day/Year

Pneumococcal Conjugate Vaccine

Mo/Day/Year

Mo/Day/Year

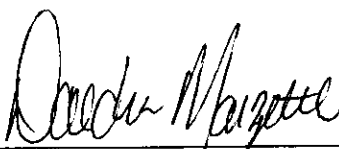
Mo/Day/Year

Mo/Day/Year

Other: Specify Vaccine (not to include TB skin test)

Vaccine _____ Date _____ Vaccine _____ Date _____ Vaccine _____ Date _____

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023



Authorized Medical Signature

2.3.2022

Date

Name of Clinic