



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

01/03/2023

Date of Expiration

(Next Required Immunization)

ALEEYAH JALISE BARNES
(10770047)

12/05/2001

Child's Name (first, middle, last)

Birthdate

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	DTAP 03/18/02	DTAP 04/30/02	DTAP 05/29/03	DTAP 10/07/05	DTAP 07/27/07				
TD									
Tdap	TDAP 01/03/13								
IPV,OPV	IPV 03/18/02	IPV 04/30/02	IPV 09/04/03	IPV 07/27/07					
Hib (Under Age 5)	HIB 03/18/02	HIB 04/30/02	HIB 05/29/03	HIB 09/04/03					
Measles	MMR 09/04/03	MMR 07/27/07							
Mumps	MMR 09/04/03	MMR 07/27/07							
Rubella	MMR 09/04/03	MMR 07/27/07							
PCV	PCV7 03/18/02	PCV7 04/30/02	PCV7 05/29/03	PCV7 09/04/03					
Varicella	VARICELLA 05/29/03	VARICELLA 07/27/07							

Recommended Vaccines									
HepA	HEP A 07/27/07	HEP A 06/23/16							
HepB	HEP B 12/06/01	HEP B 01/08/02	HEP B 05/29/03						
HPV	HPV9 09/28/18	HPV9 10/01/20							
MCV, MPSV,MENB	MCV4P 06/23/16	MCV4P 09/28/18							
Rotavirus									
Covid-19									

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 birth date of the child, date of expiration, name and address of the physician or health department, and 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.**

Site Name : OVER THE MOUNTAIN
PEDIATRICS

Address: 3300 CAHABA RD STE 102
BIRMINGHAM

Telephone #: (205) 8707292

Date of Issue: 7/9/2021