

Form No. 121

Certificate of Immunization Compliance

Name of Child/Student/Employee SAMANTHA JONES *ms State ID # 903765647* Birthdate 02/05/1997

Name of Parent JULIE LYNN JONES

Address P. O. BOX 2156, PRENTISS, MISSISSIPPI 39474

Vaccine	Date Each Dose Was Given				
	1st	2nd	3rd	4th	5th
Pneumococcal					
Varicella	02/05/1998				
DTaP/DT/Td	04/07/1997	06/05/1997	08/07/1997	02/05/1998	08/07/2002
Hib	06/05/1997	08/07/1997	02/05/1998		
Polio	04/07/1997	06/05/1997	02/05/1998	08/07/2002	
MMR	02/05/1998	08/07/2002			
Hep B	02/05/1997	04/07/1997	02/05/1998		
Tdap					
Other					

☐ Check here if prior history of chicken pox

☐ Medical Exemption Form 122 attached

The individual named above has met the immunization requirements for attendance or employment in a Mississippi child care facility or entry into a Mississippi public or private school, college, or university.

Please check (✓) one box only

☐ Complete Until School Entry

☐ Complete for school entry (K4-6th grade)

☒ Complete for middle school, high school, university/college, work requirements (7th grade and above)

☐ Temporarily compliant-next immunization is due _____ / _____ / _____
Month Day Year

☐ Record in transit, valid until _____ / _____ / _____
Month Day Year

Date of serological confirmation of immunity

*Varicella _____ / _____ / _____
Month Day Year

*Measles _____ / _____ / _____
Month Day Year

*Rubella _____ / _____ / _____
Month Day Year

*Mumps _____ / _____ / _____
Month Day Year

*Serological testing for the above are the only acceptable titers that will be allowed for child care and school entry for those who are not fully immunized.

Jefferson Davis County Health Department
1185 - A Frontage Road

Prentiss, MS 39474

Hib and Pneumococcal vaccines are only required for child care.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Linda Huel
Signature and Title of Issuing Individual

01/19/2017
Month Day Year

Revised 5/17/12

Form No. 121E