

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

Signature and Title of Issuing Individual

Month Day Year

Revised 5/17/12

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