



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

WYETH HOLT SPEIR IV

Child's Name (first, middle, last)

10/06/2005

Birthdate

12/06/2026

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	DTAP 12/06/05	DTAP 02/06/06	DTAP 04/19/06	DTAP 01/11/07	DTAP-IPV 12/01/09				
TD									
Tdap	TDAP 12/06/16								
IPV,OPV	IPV 12/06/05	IPV 02/06/06	IPV 04/19/06	DTAP-IPV 12/01/09					
Hib (Under Age 5)	HIB 12/06/05	HIB 02/06/06	HIB 04/19/06	HIB 01/11/07					
Measles	MMR 10/18/06	MMR 12/07/10							
Mumps	MMR 10/18/06	MMR 12/07/10							
Rubella	MMR 10/18/06	MMR 12/07/10							
PCV	PCV7 12/06/05	PCV7 02/06/06	PCV7 04/19/06	PCV7 10/18/06					
Varicella	VARICELLA 10/18/06	VARICELLA 12/07/10							

Recommended Vaccines									
HepA	HEP A 10/18/06	HEP A 05/08/07							
HepB	HEP B 10/09/05	HEP B 12/08/05	HEP B 04/19/06						
HPV	HPV9 12/08/16	HPV9 12/05/18							
MCV, MPSV,MENB	MCV4P 12/08/16								
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 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: PHYSICIANS TO CHILDREN

Address: 470 TAYLOR RD STE 210 TAYLOR MEDICAL COMPLEX MONTGOMERY

Telephone #: (334) 2936033

Date of Issue: 2/6/2020

**AUM Student Health Services
Immunization Record**

Patient Name: Wyeth Speir

Birthdate: 10.6.2005

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

Handwritten in 'Other' row:
 Typhoid Vi. Lt. Delt 0.5ml Imm Sanofi Exp. 10/3/23 US
 Lot # U2A434m

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID							

Initials	Signature	Initials	Signature
<i>WS</i>	<i>[Signature]</i>		

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

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