



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

08/04/2026

Date of Expiration

(Next Required Immunization)

ARABELLA LILLY SCHULTE
(12002513)

06/15/2005

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 08/23/05	DTAP 10/17/05	DTAP 01/04/06	DTAP 06/21/07	DTAP-IPV 07/29/10				
TD									
Tdap	TDAP 08/04/16								
IPV,OPV	IPV 08/23/05	IPV 10/17/05	IPV 06/21/07	DTAP-IPV 07/29/10					
Hib (Under Age 5)	HIB 08/23/05	HIB 10/17/05	HIB 01/04/06	HIB 06/15/06					
Measles	MMR 09/15/06	MMR 07/29/10							
Mumps	MMR 09/15/06	MMR 07/29/10							
Rubella	MMR 09/15/06	MMR 07/29/10							
PCV	PCV7 08/23/05	PCV7 10/17/05	PCV7 06/15/06						
Varicella	VARICELLA 09/15/06	VARICELLA 07/29/10							

Recommended Vaccines									
HepA									
HepB	HEP B 08/23/05	HEP B 10/17/05	HEP B 06/15/06						
HPV									
MCV, MPSV,MENB	MCV40 05/26/22								
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 : PEDIATRIC HEALTHCARE LLCAddress: 4700 WOODMERE BLVD
MONTGOMERYTelephone #: (334) 2739700Date of Issue: 5/26/2022