

STATE OF ALABAMA CERTIFICATE OF IMMUNIZATION

EXPIRATION DATE REQUIRED

(Date next vaccine is due)

 11 30 2009
 Month Day Year

Bridgett Builey 8/11/88 Donna Jo Builey
 Name of Child Date of Birth Parent or Guardian

Diphtheria, Tetanus, and Pertussis Vaccine (Circle vaccine given.) A medical exemption (see reverse side) is required for children less than 7 years of age who are not given pertussis vaccine.

DTaP, DTP, DT, Td	DTaP, DTP, DT, Td	DTaP, DTP, DT, Td	DTaP, DTP, DT, Td	DTaP, DTP, DT, Td	DTaP, DTP, DT, Td
<u>3/3/89</u>	<u>4/28/89</u>	<u>9/22/89</u>	<u>3/16/90</u>	<u>8/21/90</u>	<u>11-18-99</u>
Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year

Polio Vaccine (Circle vaccine given.)

IPV OPV	IPV OPV	IPV OPV	IPV OPV	IPV OPV
<u>3-3-89</u>	<u>4-28-89</u>	<u>9-22-89</u>	<u>3-16-90</u>	<u>8- -93</u>
Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year

Measles, Mumps, and Rubella Vaccine (Circle vaccine given.)

MMR, MR, Measles	MMR, MR, Measles
<u>5-16-90</u>	<u>8- -93</u>
Mo/Day/Year	Mo/Day/Year

Haemophilus influenzae Type b (Required for Day Care and Head Start only. Please record for historical information.)

<u>5-16-90</u>	_____	_____	_____
Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year

Varicella Vaccine (Required for Day Care and Head Start September 2000. Required for Kindergarten entry Fall of 2001 and for a grade higher each successive year.)

<u>7/31/97</u>	_____	In lieu of Varicella Vaccine
Mo/Day/Year	Mo/Day/Year	History of Chickenpox
		Mo/Year
		Positive Varicella
		Mo/Year

Not required for school attendance. Please record for historical information. Do not expire this certificate for these vaccines.

Hepatitis B Vaccine

<u>7/31/97</u>	<u>8/19/98</u>	<u>4/15/98</u>
Mo/Day/Year	Mo/Day/Year	Mo/Day/Year

Pneumococcal Conjugate Vaccine

_____	_____	_____	_____
Mo/Day/Year	Mo/Day/Year	Mo/Day/Year	Mo/Day/Year

Other: Specify Vaccine (not to include TB skin test)

Vaccine _____	Date _____	Vaccine _____	Date _____	Vaccine _____	Date _____
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William D. [Signature]
 Authorized Medical Signature

1-6-04
Date

Name of Clinic