



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

06/23/2025

Date of Expiration

(Next Required Immunization)

AMY VICTORIA FISHER (11876151)

Child's Name (first, middle, last)

05/01/2004

Birthdate

BONNIE H FISHER

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 07/01/04	DTAP 09/09/04	DTAP 11/01/04	DTAP 11/07/05	DTAP 05/05/08				
TD									
Tdap	TDAP 06/23/15								
IPV,OPV	IPV 07/01/04	IPV 09/09/04	IPV 11/07/05	IPV 05/05/08					
Hib (Under Age 5)	HIB 07/01/04	HIB 09/09/04	HIB 11/01/04	HIB 08/02/05					
Measles	MMR 08/02/05	MMR 05/11/09							
Mumps	MMR 08/02/05	MMR 05/11/09							
Rubella	MMR 08/02/05	MMR 05/11/09							
PCV	PCV7 07/01/04	PCV7 11/01/04	PCV7 05/04/05						
Varicella	VARICELLA 05/04/05	VARICELLA 05/11/09							

Recommended Vaccines

HepA	HEP A 05/05/08	HEP A 12/02/08							
HepB	HEP B 05/04/04	HEP B 06/04/04	HEP B 11/08/04						
HPV									
MCV, MPSV,MENB	MCV4P 06/23/15	MCV4P 06/29/21							
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 : WYBENGA FAMILY HEALTHCARE

Address: 564 N MEMORIAL DR PRATTVILLE

Telephone #: (334) 3582010

Date of Issue: 7/29/2022