



# Alabama Department of Public Health

## CERTIFICATE OF IMMUNIZATION

08/08/2026

Date of Expiration

(Next Required Immunization)

CHANCE COOK

Child's Name (first, middle, last)

01/22/2005

Birthdate

Laverne Cook

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](http://www.adph.org/immunization)

| Vaccine                                               | DOSE1<br>DATE<br>MM   DD   YY | DOSE2<br>DATE<br>MM   DD   YY | DOSE3<br>DATE<br>MM   DD   YY | DOSE4<br>DATE<br>MM   DD   YY | DOSE5<br>DATE<br>MM   DD   YY | DOSE6<br>DATE<br>MM   DD   YY | Total<br>Doses | Confirmed<br>Lab<br>MM   YY | History<br>MM   YY |
|-------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|----------------|-----------------------------|--------------------|
| Required Vaccines for School or Child Care Attendance |                               |                               |                               |                               |                               |                               |                |                             |                    |
| DTP,DTaP,DT                                           | DTAP<br>03/22/05              | DTAP<br>05/23/05              | DTAP<br>07/22/05              | DTAP<br>07/21/06              | DTAP<br>04/19/10              |                               |                |                             |                    |
| TD                                                    |                               |                               |                               |                               |                               |                               |                |                             |                    |
| Tdap                                                  | TDAP<br>08/08/16              |                               |                               |                               |                               |                               |                |                             |                    |
| IPV,OPV                                               | IPV<br>03/22/05               | IPV<br>05/23/05               | IPV<br>07/22/05               | IPV<br>04/14/10               |                               |                               |                |                             |                    |
| Hib<br>(Under Age 5)                                  |                               |                               |                               |                               |                               |                               |                |                             |                    |
| Measles                                               | MMR<br>02/10/06               | MMR<br>04/19/10               |                               |                               |                               |                               |                |                             |                    |
| Mumps                                                 | MMR<br>02/10/06               | MMR<br>04/19/10               |                               |                               |                               |                               |                |                             |                    |
| Rubella                                               | MMR<br>02/10/06               | MMR<br>04/19/10               |                               |                               |                               |                               |                |                             |                    |
| PCV                                                   |                               |                               |                               |                               |                               |                               |                |                             |                    |
| Varicella                                             | VARICELLA<br>02/10/06         | VARICELLA<br>07/30/13         |                               |                               |                               |                               |                |                             |                    |

|                      |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|
| Recommended Vaccines |  |  |  |  |  |  |  |  |  |
| HepA                 |  |  |  |  |  |  |  |  |  |
| HepB                 |  |  |  |  |  |  |  |  |  |
| HPV                  |  |  |  |  |  |  |  |  |  |
| MCV,<br>MPSV,MENB    |  |  |  |  |  |  |  |  |  |
| 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 : 42D MEDICAL GROUP

Address: 300 SOUTH TWINING ST MAXWELL  
AFB

Telephone #: (334) 9534091

Date of Issue: 10/25/2019