

STATE OF ALABAMA CERTIFICATE OF IMMUNIZATION

EXPIRATION DATE REQUIRED

(Date next vaccine is due)

1-22-02
Month Day Year

William Thacker

1-22-97

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

3-24-97

5-26-97

7-16-97

7-16-98

1-24-01

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

3-24-97

5-26-97

1-23-98

1-24-01

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

1-23-98

Mo/Day/Year

Mo/Day/Year

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

3-24-97

5-26-97

7-16-97

7-16-98

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.)

In lieu of Varicella Vaccine

1-23-98

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

2-24-97

Mo/Day/Year

3-24-97

Mo/Day/Year

7-16-97

Mo/Day/Year

Pneumococcal Conjugate Vaccine

1-24-01

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 _____

Dr. DQ Anagnos /BH
Authorized Medical Signature

8-9-10-01

Date

The Pediatric Care Group

Name of Clinic