

STATE OF ALABAMA CERTIFICATE OF IMMUNIZATION

EXPIRATION DATE REQUIRED
(Date next vaccine is due)
4 30 2016
Month Day Year

TAYLOR ANN EASON

04/14/2005

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.

Pediarix	Dtap Acel	Pediarix	Dtap Acel	Kinrix
06/15/2005	08/17/2005	10/19/2005	07/19/2006	05/05/2010

Polio Vaccine (Circle vaccine given.)

Pediarix	IPV	Pediarix	Kinrix
06/15/2005	08/17/2005	10/19/2005	05/05/2010

Measles, Mumps, Rubella (Circle vaccine given.)

MMR	MMR
04/19/2006	05/05/2010
Mo/Day/Year	Mo/Day/Year

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

06/15/2005	08/17/2005	07/19/2006	
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

History of Chickenpox _____
Mo/Day/Year

04/19/2006	05/05/2010
Mo/Day/Year	Mo/Day/Year

Positive Varicella _____
Mo/Day/Year

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

Hepatitis B Vaccine

04/16/2005	06/15/2005	10/19/2005
Mo/Day/Year	Mo/Day/Year	Mo/Day/Year

Pneumococcal Conjugate Vaccine

06/15/2005	08/17/2005	10/19/2005	07/19/2006
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 _____
---------------	------------	---------------	------------	---------------	------------

Lamenda Blakeney

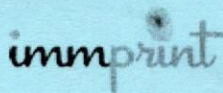
Authorized Medical Signature

5-5-10

Date

PARTNERS IN PEDIATRICS
8160 SEATON PLACE
MONTGOMERY, AL 36116

Name of Clinic



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

TAYLOR ANN EASON

Child's Name (first, middle, last)

04/14/2005

Birthdate

08/02/2026

Date of Expiration

(Next Required Immunization)

CASEY EASON

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-HEP B- IPV 06/15/05	DTAP 08/17/05	DTAP-HEP B- IPV 10/19/05	DTAP 07/19/06	DTAP-IPV 05/05/10				
TD									
Tdap	TDAP 08/02/16								
IPV,OPV	DTAP-HEP B- IPV 06/15/05	IPV 08/17/05	DTAP-HEP B- IPV 10/19/05	DTAP-IPV 05/05/10					
Hib (Under Age 5)	HIB 06/15/05	HIB 08/17/05	HIB 07/19/06						
Measles	MMR 04/19/06	MMR 05/05/10							
Mumps	MMR 04/19/06	MMR 05/05/10							
Rubella	MMR 04/19/06	MMR 05/05/10							
PCV	PCV7 06/15/05	PCV7 08/17/05	PCV7 10/19/05	PCV7 07/19/06					
Varicella	VARICELLA 04/19/06	VARICELLA 05/05/10							

Recommended Vaccines									
HepA	HEP A 04/18/07	HEP A 10/18/07	HEP A 04/14/11	HEP A 07/26/12					
HepB	DTAP-HEP B- IPV 06/15/05	DTAP-HEP B- IPV 10/19/05							
HPV									
MCV, MPSV,MENB	MCV4P 08/02/16								
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 : CARLILE PEDIATRICS

Address: 78 Cambridge Ct WETUMPKA

Telephone #: (334) 5676915

Date of Issue: 8/2/2016