

CERTIFICATE OF IMMUNIZATION

WILLIAMS-HILL, KAMYA

Child's Name (Last name, First name)

02 | 21 | 2006
Birthdate

(Optional) Parent/Guardian Name (Last name, First name)

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

☒ (Fill in X)	Complete For K through 6th Grade Child must be >= 4 years and have met all requirements for school attendance.
☒ (Fill in X)	Complete For 7th through 10th Grade Fulfills requirements K through 6th grade AND must have Tdap and MCV4 administered.
☒ (Fill in X)	Complete For 11th Grade and higher Fulfills requirements K through 10th grade AND must have MCV4 booster dose administered on or after 16th birthday.

VACCINE	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	Total Doses	Diagnosed	Serology+	History	Med. Exemption
Required Vaccines for School or Child Care Attendance											
DTP,DTaP,DT,Td	04 18 06	07 05 06	09 06 06	03 07 08	06 09 10		5				
Polio	04 18 06	06 09 10	10 27 11				3				
Hepatitis B	04 18 06	07 05 06	10 27 11				3				
Tdap	02 28 17						1				
MCV4	02 28 17	10 18 22					2				
HIB (Under Age 5)	04 18 06	07 05 06	03 07 08				3				
PCV (Under Age 5)	04 18 06	07 05 06	09 06 06				3				
Measles	03 16 07	07 24 07					2				
Mumps	03 16 07	07 24 07					2				
Rubella	03 16 07	07 24 07					2				
Hepatitis A (Born on/after 1/1/06)	10 27 11	07 20 12					2				
Varicella	03 16 07	07 24 07					2				
Recommended Vaccines (For Information Only)											
Rotavirus							0				
HPV	06 06 19	12 04 20					2				
Influenza							0				
Td (booster)	06 06 14	02 28 17					2				
Men-B							0				

Notes: Georgia physician, Advanced Practice Registered Nurse, Physician Assistant, qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es).

The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, Advanced Practice Registered Nurse, Physician Assistant or health department, certified by signature and a date of issue.

A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.

Printed, Typed or
Stamped Name,
Address and
Telephone # of
Licensed
Physician
or Health Department

Georgia Immunization Office
2 Peachtree Street, NW
Suite: 13-276
Atlanta, GA 30303-3142
Certified under the authority of:
Sheila Lovett
Immunization Office Director



Certified by (Signature/Signature Stamp) 10 | 18 | 2022
Date of Issue