

CERTIFICATE OF IMMUNIZATION

Herbert
 "Whit" Powell, Jr.
 Child's Name (first, middle, last)
 Ashley S Powell
 Parent/Guardian Name (first, middle, last)

8/12/1997
 Birthdate

5/21/2019
 Date of Expiration
 (Next required immunization)

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 website at www.adph.org/immunization.

VACCINE	DOSE 1 DATE			DOSE 2 DATE			DOSE 3 DATE			DOSE 4 DATE			DOSE 5 DATE			DOSE 6 DATE			Total Doses	Confirmed Lab		History	
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY		MM	YY	MM	YY
Required Vaccines for School or Child Care Attendance																							
DTP, DTaP, DT	10	13	97	12	12	97	2	11	98	3	10	99	8	31	01								
Td																							
Tdap	5	21	09																				
IPV, OPV	10	13	97	12	12	97	3	10	99	8	31	01											
Hib (Under Age 5)	10	13	97	12	12	97	2	11	98	3	10	99											
Measles	11	11	98	8	19	02																	
Mumps																							
Polio																							
PCV																							
Varicella	8	14	00	10	23	07																	
Recommended Vaccines																							
Hep A	5	21	09	6	7	10																	
Hep B	8	14	97	9	15	97	5	12	98														
HPV	6	23	14																				
MCV or MPSV	5	21	09	6	23	14																	
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 birthdate of the child, date of expiration, legible name and address of the physician or health department, certified by signature, and the 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.**

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

Clinic Name: Mont Pediatric Assoc

Address: _____

Telephone #: 334 260 9129

Dr. Sumners/Maria J. 6/20/2016
 Certified by (Signature) Date of Issue