



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

06/15/2025

Date of Expiration

(Next Required Immunization)

COOPER THOMAS COCHRAN

Child's Name (first, middle, last)

02/04/2004

Birthdate

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 04/06/2004	DTAP-HEP B- IPV 06/08/2004	DTAP-HEP B- IPV 08/10/2004	DTAP 05/10/2005	DTAP 04/22/2008				
TD									
Tdap	TDAP 06/15/2015								
IPV,OPV	DTAP-HEP B- IPV 04/06/2004	DTAP-HEP B- IPV 06/08/2004	DTAP-HEP B- IPV 08/10/2004	IPV 04/22/2008					
Hib(under age 5)	HIB 04/06/2004	HIB 06/08/2004	HIB 08/10/2004	HIB 05/10/2005					
Measles	MMR 02/08/2005	MMR 04/22/2008							
Mumps	MMR 02/08/2005	MMR 04/22/2008							
Rubella	MMR 02/08/2005	MMR 04/22/2008							
PCV	PCV7 04/06/2004	PCV7 06/08/2004	PCV7 08/10/2004	PCV7 05/10/2005					
Varicella	VARICELLA 02/08/2005	VARICELLA 04/22/2008							

Recommended Vaccines									
HepA	HEP A 05/30/2018								
HepB	DTAP-HEP B- IPV 04/06/2004	DTAP-HEP B- IPV 06/08/2004	DTAP-HEP B- IPV 08/10/2004						
HPV									
MCV, MPSV,MENB	MCV4P 06/15/2015	MCV4P 03/31/2021	MEN B-OMV (BEXSERO) 03/31/2021	MEN B-OMV (BEXSERO) 05/06/2021					
Rotavirus									
Covid-19									

Site Name : EASTSIDE PHARMACY AND
CUSTOM COMP

Address: 1406 LINDSAY LN S ATHENS

Telephone #: (256) 2337070

Monique D. Cannon

PharmD

6/11/2024

256-533-8891

Twilight Medical Clinic
22270 Hwy 72 E. Suite A
Athens, AL 35613
Phone: (256) 998-5120
Fax: (256) 998-5122

Patient Information

Name: Cooper Cochran 02/04/2004
Address: 24800 Richmond Dr.
City: Athens State: AL Zip: 35613
Telephone: (256) 998-9250
Home Work

Skin Test Information

Administrator Name: Valerio Vicente
Date/ Time Administered: 5/31/2024 @ 1:54 PM
Arm on which administered: L forearm
Manufacturer: PAR Pharmaceutical
Expiration Date: Dec/2025 Lot # 75911

Results

Induration: 0 mm Date of reading: 06/02/24
Comments or adverse reactions if any: Neg - 0

Name of Reader: Morgan Coulter, CNRP
Signature: [Signature]