



Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

VINCENT ANH VO(13267352)

01/19/2009

Child's Name (first, middle, last)

Birthdate

02/10/2030

Date of Expiration

(Next Required Immunization)

NGOCNHU T NGUYEN

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
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Required Vaccines for School or Child Care Attendance

DTaP,DTaP,DT	DTAP-HEP B- IPV 03/23/2009	DTAP-HEP B- IPV 06/02/2009	DTAP-HEP B- IPV 08/06/2009	DTAP 07/27/2010	DTAP-IPV 04/09/2013				
DT									
DTaP	TDAP 02/10/2020								
PV,OPV	DTAP-HEP B- IPV 03/23/2009	DTAP-HEP B- IPV 06/02/2009	DTAP-HEP B- IPV 08/06/2009	DTAP-IPV 04/09/2013					
Hib(under age 5)	HIB 03/23/2009	HIB 06/02/2009	HIB 08/06/2009	HIB 04/19/2010					
Measles	MMR 04/19/2010	MMRV 04/21/2014							
Mumps	MMR 04/19/2010	MMRV 04/21/2014							
Rubella	MMR 04/19/2010	MMRV 04/21/2014							
PCV	PCV7 03/23/2009	PCV7 06/02/2009	PCV7 08/06/2009	PCV7 01/19/2010					
Varicella	VARICELLA 01/19/2010	MMRV 04/21/2014							

Recommended Vaccines

HeptA	HEP A 07/27/2010	HEP A 01/26/2011							
HeptB	HEP B 01/19/2009	DTAP-HEP B- IPV 03/23/2009	DTAP-HEP B- IPV 08/06/2009	HEP B 02/11/2020	HEP B 04/15/2020	HEP B 02/15/2021			
HPV	HPV9 02/10/2020	HPV9 02/15/2021							
MCV, MPSV,MENB	MCV4P 02/10/2020	MenQuadfi 01/23/2025							
Rotavirus									
Covid-19	Pfizer Covid19 06/21/2021	Pfizer Covid19 07/12/2021							

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 : MONTGOMERY PEDIATRIC ASSOCIATION P

Address: 420 COTTON GIN RD
MONTGOMERY

Telephone #: (334) 2609129

Date of Issue: 1/23/2025