Rev. 07/2020

Georgia Department of Public Health

Form **3231**

CERTIFICATE OF IMMUNIZATION

JLATEST III, MMOOCH LESTER
Child's Name (Last name, First name)

02 | 10 | 1998
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.

Date of Expiration
(Next required immunization or review of medical exemption due.)

[X] (Fill in X)
Complete For K through 6th Grade
Child must be >= 4 years and have met all requirements for school attendance.

[X] (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	08 10 98	02 10 02					2				
Polio	^^ 04 10 98	06 10 98	02 10 02	09 01 02			4				
Hepatitis B	02 10 98	08 10 98	01 01 05				3				
Tdap	12 02 16						1				
MCV4	03 29 09	02 28 14					2				
HIB (Under Age 5)							0				
PCV (Under Age 5)							0				
Measles	02 10 99	02 10 04					2				
Mumps	02 10 99	02 10 04					2				
Rubella	02 10 99	02 10 04					2				
Hepatitis A (Born on/after 1/1/06)	02 10 08	08 10 08					2				
Varicella	02 10 99	02 10 04					2				
Recommended Vaccines (For Information Only)											
Rotavirus							0				2015
HPV	06 23 10	08 11 10	05 26 11				3				
Influenza	05 27 11	10 10 15	10 15 16	10 27 17			4				2016
Td (booster)	12 14 18						1				
Men-B	02 10 10	08 10 10					2				

Notes:
A licensed 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

Certified by (Signature/Signature Stamp) **Date of Issue**

**Unspecified Polio dose/^^OPV dose

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