



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

Sample

Student

X/XXX

Last Name

First Name

MI

DOB

Parent

XXXXXX

Parent or Guardian (Last, First)

Child's SS# (optional)

State Immunization ID#

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	04/10/2003	06/09/2003	08/12/2003	08/13/2004	06/16/2008
DT	B					
Tdap	P	09/15/2015				
Td	Q					
Polio	D	04/10/2003	06/09/2003	09/13/2004	06/16/2008	Complete
HIB	E	04/10/2003	06/09/2003	08/12/2003	08/06/2004	
MMR (Combined) (Separate)	F	08/06/2004	06/16/2008			
	G,H	Measles (dose 1) Measles (dose 2)		Mumps (dose 1) Mumps (dose 2)		
	I	Rubella (dose 1) Rubella (dose 2)				
Hepatitis B	J	08/12/2003	11/10/2003	02/11/2004		
Varicella	K	02/24/2005	06/16/2008			
Varicella Disease	L					
		Year				
PneumoConju	N	Complete				

Certificate of Immunization for K-12

PART A DOE Code 8 Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

code for complete (7th)

Physician or Clinic Name:

Physician or

Authorized Signature:

SAMPLE

Electronic Certification:

XXX

Date

Issued By:

DH 680 7/10

← Correct form

