



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/X/X
 Last Name First Name MI DOB

 Parent or Guardian 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	08/21/2007	11/02/2007	01/08/2008	12/15/2008	05/09/2012
DT	B					
Tdap	P					
Td	Q					
Polio	D	08/21/2007	11/02/2007	12/15/2008	05/09/2012	Complete
HIB	E	08/21/2007	11/02/2007	01/08/2008		
MMR (Combined) (Separate)	F	11/14/2008	05/09/2012			
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	06/20/2007	01/08/2008	07/21/2008		
Varicella	K	07/21/2008	05/09/2012			
Varicella Disease	L					
		Year				
PneumoConju	N					

Certificate of Immunization for K-12

PART A DOE Code 1 Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)

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 1 example

Physician or Clinic Name:

XXXXXXXXXX

Physician or

Authorized Signature:

Sample

Electronic Certification:

Date:

Issued By:

DH 680 7/10

← correct form

