

**Lastname, Firstname I.**

Child's Name (Last name first)

Birthdate

Parent/Guardian Name (Last name first)

<input type="text"/>	OR	<input type="checkbox"/> (Fill in X)
Date of Expiration (Next immunization or review of medical exemption due.)	Complete For School Attendance Child must be >= 4 years and have met all requirements for school attendance. The vaccine history section must be filled in.	

\*Georgia law 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.

Dates of Immunization ARE required for age 4 years and up. Dates are NOT required before the 4th birthday. See 3231INS and 3231REQ guides relative to Hib

VACCINE	DATE			DATE			DATE			DATE			DATE			Total Doses	Diagnosed	Serology +	History	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY					
DTP, DTaP, DT, Td or Tdap																				
Hepatitis B (Under Age 5)																				
Hib																				
OPV																				
IPV																				
MMR																				
Measles																				
Mumps																				
Rubella																				
Varicella																				

SAMPLE FORM

**\*Notes:**

A licensed physician or Health Dept. official 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 in the appropriate box(es).

**The certificate is NOT valid without names of the child and a parent/guardian, date of expiration OR "X" in complete for school box, legible name and address of the physician 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.**

Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the DHR.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Dept.

**Sample Q. Physician, M.D. P.C.**  
**1234 Some Street**  
**Fictitious Town GA 99999-9999**  
**(555) 123-4567**

Certified by (Signature)

Date of Issue