FLORIDA DEPARTMENT OF HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-22.011 Florida Administrative Code

SAMPLE	PATIENT		03/03/2003
Last Name	**First Name**	**MI**	**DOB**
Parent or Guardian	111-11-1111 Child's SS# (optional)	9900000990 State Immunization ID#	

Directions:

* *For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.*

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	**A**	05/03/2003	05/05/2003	07/03/2003	04/04/2004	05/16/2007
DT	**B**					
Td/Tdap	**C**				*Booster*	
Polio	**D**	05/05/2003	07/07/2003	01/16/2007		
HIB	**E**	05/05/2003	07/07/2003	04/04/2004	Complete	
MMR (Combined)	**F**	04/04/2004	01/16/2007			
(Separate)	**G,H**	*Measles (dose 1)*	*Measles (dose 2)*	*Mumps (dose 1)*	*Mumps (dose 2)*	
	I	*Rubella (dose 1)*	*Rubella (dose 2)*			
Hepatitis B	**J**	05/05/2003	07/07/2003	12/21/2006		
Varicella	**K**	04/04/2004	Complete			
Varicella Disease	**L**	2004 *Year*				
PneuConju						

Certificate of Immunization for K-12

PART A Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7th grade {and for grades kindergarten through 12}. *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.* DOE Code 1

Physician or Clinic Name:

TRAINING ORG
2585 MERCHANTS ROW
ROOM 210
TALLAHASSEE, FL 32399

Physician or Authorized Signature: MEDICAL DOCTOR
Electronic Certification: 2N5KFTFSQGB
Date: 09/07/2007
Issued By: MARIA ARNDT

FloridaShots

Form DH-680, 01-07 Stock Number:574009906800

SAMPLE