

# SAMPLE FORM



## FLORIDA CERTIFICATION OF IMMUNIZATION

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

EXAMPLE	EXAMPLE	EXAMPLE	EXAMPLE
LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
EXAMPLE	EXAMPLE		EXAMPLE
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

**Directions:**

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: [www.immunizeflorida.org/schoolguide.pdf](http://www.immunizeflorida.org/schoolguide.pdf).

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A	2 MONTHS	4 MONTHS	6 MONTHS	15-18 MONTHS	4-6 YEARS
DT	B					
Tdap	P					
Td	Q					
Polio	D	2 MONTHS	4 MONTHS	6-18 MONTHS	4-6 YEARS	
Hib	E	2 MONTHS	4 MONTHS	6 MONTHS	12-15 MONTHS	
MMR (Combined) (Separate)	F	12-15 MONTHS	4-6 YEARS			
	G, H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	BIRTH- MONTH	1-2 MONTHS	4 MONTHS		
Varicella	K	12-15 MONTHS	4-6 YEARS			
Varicella Disease	L					
		<i>Year</i>				
PneumoConju	N	2 MONTHS	4 MONTHS	6 MONTHS	12-15 MONTHS	

**Select appropriate box(es)  
Certificate of Immunization for K-12**

If your child has all of their shots this will be checked.

**Part A-Complete**

- DOE Code 1: Immunizations are complete K-12 (Excluding 7<sup>th</sup> grade/middle school requirements)
- DOE Code 8: Immunizations are complete for 7<sup>th</sup> grade

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

**Temporary Medical Exemption**

**Part B-Temporary**

**Part B** (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

expiration date: \_\_\_\_\_

If your child doesn't have all of their shots yet, their temporary medical exemption MUST NOT be expired.

**Permanent Medical Exemption**

**Part C-Permanent**

**Part C** (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 \_\_\_\_\_

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: \_\_\_\_\_

**PROVIDER OR CLINIC'S NAME**

Physician or Authorized Signature: \_\_\_\_\_

**SIGNATURE**

Issued By: \_\_\_\_\_

Date: \_\_\_\_\_

**DATE**