

FLORIDA CERTIFICATION OF IMMUNIZATION

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

Last Name	First Name	MI	DOB
Parent or Guardian	Child's SS# (optional)	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 DT Td/Tdap	A	10/15/2007	11/12/2007	12/17/2007	06/12/2008	
	B					
	C				Booster	
Polio	D	01/30/2008	03/21/2008	06/12/2008		
HIB	E	04/21/2008	05/15/2008	07/10/2008	Complete	
MMR (Combined) (Separate)	F	05/15/2008				
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
		I	Rubella (dose 1)	Rubella (dose 2)		
Hepatitis B	J	04/21/2008	06/12/2008	08/08/2008		
Varicella Varicella Disease	K	06/12/2008				
	L	2008				
		Year				
PneumoConju	N	04/21/2008	06/12/2008	07/10/2008	Complete	

Temporary Medical Exemption Expiration Date: 05/30/2011

PART B DOE Code 2: (For children in day care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A) Invalid without expiration date.

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

Physician or Clinic Name:

UNIVERSITY AREA HEALTH CENTER
13601 N. 22ND ST.
TAMPA, FL 33613
(813) 307-8058

Physician or

Authorized Signature: KRISTINA THOMAS
Electronic Certification: _____
Date: _____
Issued By: KRISTINA THOMAS

Florida Shots™

