



# FLORIDA CERTIFICATION OF IMMUNIZATION

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

CHILD'S SS# (Optional)

STATE IMMUNIZATION ID#

**Directions:**

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- For additional information: See *Immunization Guidelines—Florida Schools, Childcare Facilities and Family Daycare Homes* for information and instructions on form completion and immunization requirements. Guidelines are available at: [www.ImmunizeFlorida.org/schoolguide.pdf](http://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	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Tdap	P	_____	_____	_____	_____	_____
Td	Q	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	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	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
PneumoConjugate	N	_____	_____	_____	_____	_____

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

**Part A-Complete**

DOE Code 1: Check box if immunizations are complete for kindergarten entry

required immunization. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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