

SAMPLE E

Date of physical month, day, Year



FLORIDA CERTIFICATION OF IMMUNIZATION

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

Form fields for Last Name, First Name, MI, DOB, Parent or Guardian, Child's SS#, State Immunization ID#

Directions: For additional information: See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion and immunization requirements.

Table with columns: VACCINE, DOE CODE, Dose 1, Dose 2, Dose 3, Dose 4, Dose 5. Rows include DTaP/DTP, DT, Tdap, Td, Polio, Hib, MMR (Combined), Hepatitis B, Varicella, and PneumoConju.

Certificate of Immunization for K-12

PART A DOE Code 8: Immunizations are complete for 7th grade. 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.

Physician or Clinic Name: MANATEE CHD, 410 6TH AVE EAST, BRADENTON, FL 34208, (941) 748-0747

Physician or Authorized Signature: ELEANOR BURRIS, Electronic Certification: M9XPHDGSQFJ, Date: 07/25/2013, Issued By: ELEANOR BURRIS

