

This form must be submitted prior to the child's first day to attend.

Sample



Alabama Department of Public Health
CERTIFICATE OF IMMUNIZATION

04/01/2021
Date of Expiration
(Next Required Immunization)

Child's Name (first, middle, last) _____

Birthdate _____

Parent/Guardian Name (first, middle, last) _____

Unless Specifically exempted by law, Alabama law (code of Alabama 1975, Section 16-30-4) requires a certificate on file for each child in attendance in all schools and licensed child care facilities in Alabama. Instructions for this form and immunization requirements by age are detailed via the ADPH web site at www.adph.org/immunization

Vaccine	DOSE1 DATE MM DD YY	DOSE2 DATE MM DD YY	DOSE3 DATE MM DD YY	DOSE4 DATE MM DD YY	DOSE5 DATE MM DD YY	DOSE6 DATE MM DD YY	Total Doses	Confirmed Lab MM YY	History MM YY
Required Vaccines for School or Child Care Attendance									
DTP,DTaP,DT	DTAP-HEP B-IPV 10/31/19	DTAP-HEP B-IPV 01/21/20	DTAP-HEP B-IPV 04/01/20						
TD									
Tdap									
IPV,OPV	DTAP-HEP B-IPV 10/31/19	DTAP-HEP B-IPV 01/21/20	DTAP-HEP B-IPV 04/01/20						
Hib (Under Age 5)	HIB 10/31/19	HIB 01/21/20	HIB 04/01/20	HIB 01/26/21					
Measles	MMR 09/23/20								
Mumps	MMR 09/23/20								
Rubella	MMR 09/23/20								
PCV	PCV13 10/31/19	PCV13 01/21/20	PCV13 04/01/20	PCV13 09/23/20					
Varicella	VARICELLA 09/23/20								

Recommended Vaccines									
HepA	HEP A 01/26/21								
HepB	HEP B 09/18/19	DTAP-HEP B-IPV 10/31/19	DTAP-HEP B-IPV 01/21/20	DTAP-HEP B-IPV 04/01/20					
HPV									
MCV, MPSV,MENB									
Rotavirus	ROTA 10/31/19	ROTA 01/21/20	ROTA 04/01/20						

NOTES

A licensed physician or qualified employee of the Alabama Dept of Public Health is responsible for the content of this certificate. All dates must include the month, day, and year. In cases of history of disease or laboratory confirmation, the month and year of infection or test must be filled in the appropriate box(es).

The certificate is NOT valid without the name and birth date of the child, date of expiration, name and address of the physician or health department, and date of issue. A school or facility official is responsible for keeping a current valid Certificate on file for each child in attendance. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian.

Site Name . _____

Address: _____

Telephone #: _____

Date of Issue: _____

← Your doctor's office or Health Center