

CERTIFICATE OF IMMUNIZATION

AHMED, FAYSAL

Child's Name (Last name, First name)

09 | 23 | 2015
Birthdate

AHMED, IFTIQR

(Optional) Parent/Guardian Name (Last name, First name)

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

07 | 01 | 2028
Date of Expiration

(Next required immunization or review of medical exemption due.)

(Fill in X)
Complete For K through 6th Grade
Child must be >= 4 years and have met all requirements for school attendance.

(Fill in X)
Complete For 7th through 10th Grade
Fulfills requirements K through 6th grade AND must have Tdap and MCV4 administered.

(Fill in X)
Complete For 11th Grade and higher
Fulfills requirements K through 10th grade AND must have MCV4 booster dose administered on or after 16th birthday.

VACCINE	DATE			DATE			DATE			DATE			DATE			Total Doses	Diagnosed	Serology+	History	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY					
Required Vaccines for School or Child Care Attendance																				
DTP,DTaP,DT,Td	11	05	15	12	03	15	01	02	16	02	18	17	10	04	19					5
Polio	**	11	05	15	**	12	03	15	**	01	02	16	10	04	19					4
Hepatitis B	09	23	15	11	05	15	09	04	19											3
Tdap																				0
MCV4																				0
HIB (Under Age 5)	11	05	15	12	03	15	01	02	16	02	18	17								4
PCV (Under Age 5)	01	02	16	03	09	16	02	18	17											3
Measles	12	23	16	10	04	19														2
Mumps	12	23	16	10	04	19														2
Rubella	12	23	16	10	04	19														2
Hepatitis A (Born on/after 1/1/06)	09	23	16	09	04	19														2
Varicella	12	23	16	10	04	19														2
Recommended Vaccines (For Information Only)																				
Rotavirus	11	05	15	12	03	15														2
HPV																				0
Influenza	09	04	19	09	30	20														2
Td (booster)																				0
Men-B																				0

Notes:

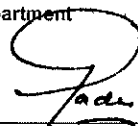
A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant, qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es).

The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, Advanced Practice Registered Nurse, Physician Assistant or health department, certified by signature and a date of issue.

A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Department

Marisa Gadea MD
1121 Johnson Ferry Rd
Suite 220
Marietta, GA 30068



02/01/2021

Certified by (Signature/Signature Stamp) Date of Issue

Unspecified Polio dose/OPV dose