

CERTIFICATE OF IMMUNIZATION

ENRIQUEZ, DAVIS

Child's Name (Last name, First name)

09 | 16 | 1985

Birthdate

ENRIQUEZ, DAVIS

(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.

☐ (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.

12 | 17 | 1986

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

VACCINE	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	Total Doses	Diagnosed	Serology+	History	Med. Exemption
Required Vaccines for School or Child Care Attendance											
DTP,DTaP,DT,Td							0				
Polio							0				
Hepatitis B							0				
Tdap							0				
MCV4	08 31 23						1				
HIB (Under Age 5)							0				
PCV (Under Age 5)							0				
Measles							0				
Mumps							0				
Rubella							0				
Hepatitis A (Born on/after 1/1/06)	03 15 23	09 25 23					2				
Varicella							0				
Recommended Vaccines (For Information Only)											
Rotavirus							0				
HPV	02 15 23						1				
Influenza	09 25 23						1				
Td (booster)							0				
Men-B							0				

Notes: 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

Client Information

VFC Eligible: No

Client Name (First - MI - Last)	Birth Date	Gender	Mother's Maiden	Tracking Schedule	Chart #
DAVIS ENRIQUEZ	09/16/1985	M		CDC/ACIP	
Address 1105 MEMORIES DRIVE, ALPHARETTA, GA 30004 (813) 469-7068					
Comments					

History

Vaccine Group	Date Administered	Series	Trade Name (Vaccine)	Dose	Owned?	Reaction	Hist?
HepA	<u>03/15/2023</u>	1 of 2	VAQTA Adult®				Yes
	<u>09/25/2023</u>	2 of 2	Havrix Adult®				Yes
HPV	<u>02/15/2023</u>	1 of 3	GARDASIL®				Yes
Influenza	<u>09/25/2023</u>	Booster	Flucelvax (ccIV4)®				Yes
Meningo	<u>08/31/2023</u>	1 of 3	Menveo®				Yes
Smallpox	<u>02/15/2023</u>	1 of 2	JYNNEOS®				Yes
	<u>03/06/2023</u>	NOT VALID	JYNNEOS®				Yes

Current Age: 38 years, 10 days

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Earliest Date	Recommended Date	Overdue Date	Latest Date
<input checked="" type="checkbox"/>	<u>COVID-19</u>	09/16/1991	09/16/1991	09/16/1991	
	<u>HepA</u>		Complete		
<input checked="" type="checkbox"/>	<u>HPV</u>	03/15/2023	03/15/2023	06/07/2023	09/15/2031
<input type="checkbox"/>	<u>Influenza</u>	10/23/2023	09/25/2024	03/25/2025	
<input checked="" type="checkbox"/>	<u>Measles</u>	09/16/1986	09/16/1986	01/16/1987	
<input type="checkbox"/>	<u>Meningo</u>	10/26/2023	10/26/2023	09/30/2028	
<input checked="" type="checkbox"/>	<u>Mumps</u>	09/16/1986	09/16/1986	01/16/1987	
<input type="checkbox"/>	<u>RSV</u>	09/16/2045	09/16/2045	09/16/2045	
<input checked="" type="checkbox"/>	<u>Rubella</u>	09/16/1986	09/16/1986	01/16/1987	
<input checked="" type="checkbox"/>	<u>Smallpox</u>	04/03/2023	04/03/2023	04/03/2023	
<input checked="" type="checkbox"/>	<u>Td</u>	09/16/1992	09/16/1992	10/16/1992	
<input checked="" type="checkbox"/>	<u>Tdap</u>	09/16/1992	09/16/1996	09/16/1998	
<input checked="" type="checkbox"/>	<u>Varicella</u>	09/16/1998	09/16/1998	09/16/1998	