Form **3231** (Rev. 02/2010)
Use required on or after July 1, 2007.

Georgia Department of Community Health

Form **3231**

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name first) _____

Birthdate ___ ___ ___

(Optional) Parent/Guardian Name (Last name first) _____

___ ___ ___ **OR** ☐ (Fill in X)

Date of Expiration

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

Complete For School Attendance

Child must be ≥ 4 years and have met all requirements for school attendance. The vaccine history section must be filled in.

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 Program.

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 or Tdap											
Hepatitis B											
OPV											
IPV											
HIB (Under Age 5)											
PCV (Under Age 5)											
Measles											
Mumps											
Rubella											
Hepatitis A (Born on/after 1/1/06)											
Varicella											
Recommended Vaccines (For Information Only)											
MCV/MPSV											
Rotavirus											
HPV											
Influenza											
Td or Tdap (Booster Dose)											

Notes:

A licensed physician or qualified employee of a local Board of Health or the State Immunization Program 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 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 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 Dept.

Certified by (Signature) _____ **Date of Issue** ___ ___ ___