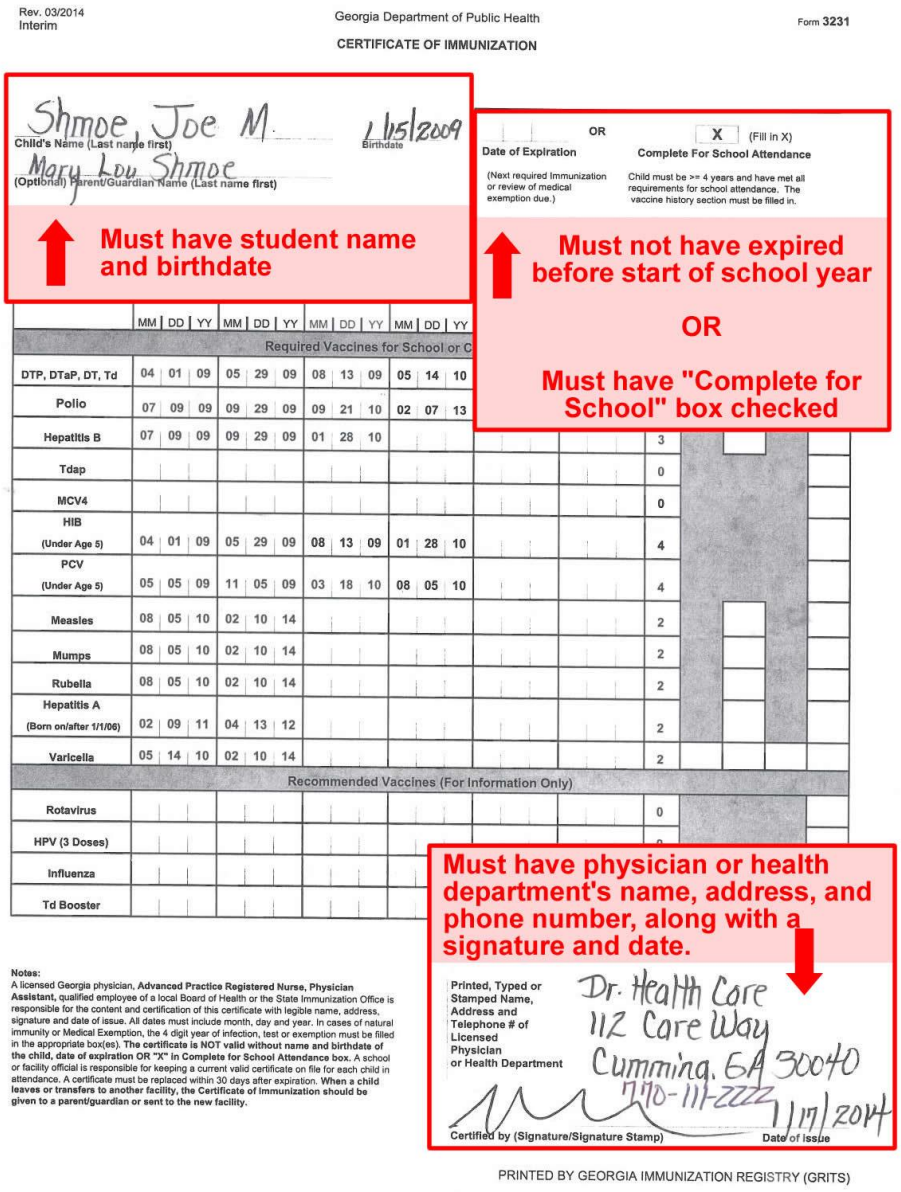
Immunization Records

Welcome to The Phoenix School! Pre-school children attending day care centers in the State of Georgia are required to have a current immunization certificate (Form 3231) on file at the center they attend.

Form 3231 may be obtained from your private physician, or the County Health Department. If you are new to the area and do not have a Doctor, the Health Department can your child's immunization record transferred to the proper form, if vaccinations are up to date. There may be a fee for this service.

Immunization Certificates are due in the office within **30 days** **of enrollment. After this 30-day period, YOUR CHILD IS NOT ALLOWED TO ATTEND SCHOOL UNTIL THE CERTIFICATE IS ON FILE**.

We appreciate your help in complying with State Requirements. We look forward to having your child in our Program!



Rev. 03/2014
Interim

Georgia Department of Public Health

Form 3231

CERTIFICATE OF IMMUNIZATION

Shmoe, Joe M. — Child's Name (Last name first)
1/15/2009 — Birthdate
Mary Lou Shmoe — (Optional) Parent/Guardian Name (Last name first)

Must have student name and birthdate

OR

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

X (Fill in X) 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.)

Must not have expired before start of school year

OR

Must have "Complete for School" box checked

	MM DD YY	MM DD YY	MM DD YY	MM DD YY				
Required Vaccines for School or C								
DTP, DTaP, DT, Td	04 01 09	05 29 09	08 13 09	05 14 10				
Polio	07 09 09	09 29 09	09 21 10	02 07 13				
Hepatitis B	07 09 09	09 29 09	01 28 10				3	
Tdap							0	
MCV4							0	
HIB (Under Age 5)	04 01 09	05 29 09	08 13 09	01 28 10			4	
PCV (Under Age 5)	05 05 09	11 05 09	03 18 10	08 05 10			4	
Measles	08 05 10	02 10 14					2	
Mumps	08 05 10	02 10 14					2	
Rubella	08 05 10	02 10 14					2	
Hepatitis A (Born on/after 1/1/06)	02 09 11	04 13 12					2	
Varicella	05 14 10	02 10 14					2	
Recommended Vaccines (For Information Only)								
Rotavirus							0	
HPV (3 Doses)								
Influenza								
Td Booster								

Must have physician or health department's name, address, and phone number, along with a signature and date.

Printed, Typed or Stamped Name, Address and Telephone # of Licensed Physician or Health Department: Dr. Health Care, 112 Care Way, Cumming, GA 30040, 770-111-2222

Certified by (Signature/Signature Stamp) — Date of issue: 1/17/2014

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 and certification of this certificate with legible name, address, signature and date of issue. 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.** 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.**

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