

SAMPLE



SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION

SC Law §44-29-180/SC Code of Regulations 61-8

Certificate must be completed according to form instructions by a licensed Practitioner of Medicine, Surgery, or Osteopathy, or by his/her authorized representative.

CERTIFICATION STATUS

***** (Check only ONE box) *****

<input checked="" type="checkbox"/> Certificate Expires: <u>05/02/2017</u> Month Day Year (Date next required immunization for day care/school is due) Child/Student may attend day care or school for no more than one month from this date.	Day Care Requirements as of date of issue <input type="checkbox"/> Meets Day Care Requirements (Not valid for school entry)	Day Care & School Requirements as of date of issue <input type="checkbox"/> Meets Day Care Requirements AND Requirements for 5K-6th grade	School Requirements as of date of issue <input type="checkbox"/> Meets Requirements for 5K-6th grade <input type="checkbox"/> Meets Requirements for 7th to 12th grade <input type="checkbox"/> Certification for 7th grade Tdap requirement only (Supplement to approved Certificate Only)	<input type="checkbox"/> Medical Exemption (Must complete Section 3 below) Child/Student may attend day care or school for no more than one month following the temporary expiration date in Medical Exemption section.
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1	Name: _____	Date of Birth: _____	MCI/Chart #: _____
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Vaccination Date					
2	Hep-B	05/03/2013	07/02/2013	11/06/2013	
	IPV - OPV	07/02/2013	09/03/2013	11/06/2013	
	DTaP - DT	07/02/2013	09/03/2013	11/06/2013	08/07/2014
	Td				
	Tdap				
	Hib	07/02/2013	09/03/2013	05/06/2014	
	MMR	05/06/2014			
	Varicella	05/06/2014			<input type="checkbox"/> Check this box for a reliable history of Varicella (chickenpox)+
	PCV	07/02/2013	09/03/2013	11/06/2013	05/06/2014
	Rotavirus	07/02/2013	09/03/2013		
	Hep-A	05/06/2014			
	HPV				
	MCV4				

3	MEDICAL EXEMPTION: This child is exempt from receiving each of the vaccines listed below for a MEDICAL REASON (must be approved by a licensed Physician (MD or DO) or his/her authorized representative (e.g. PA or APRN))		
	List VACCINE(S)	DATE TEMPORARY EXEMPTION EXPIRES	PERMANENT EXEMPTION (Check if applicable)
			<input type="checkbox"/>
			OR <input type="checkbox"/>

4	I certify that the immunization information listed in this certificate is consistent with the child's health records and meets SC DHEC immunization requirements as of the date this certificate was issued.		
	Print Physician's Name	Print Authorized Representative's Name (if applicable)	
	Facility Telephone Number	Signature of person completing certificate (Physician or Authorized Representative)	
	Facility Name/Address	20th MDG Immunization Clinic 431 Meadowlark Street Shaw AFB SC 29152-5019	Date Certificate Issued 02/21/2017

+ Reliable history of Varicella (chickenpox) is defined as: 1) Healthcare provider diagnosis or verification of Varicella (chickenpox) disease; 2) laboratory evidence of immunity or laboratory confirmation of disease.
 Immunization Requirements for Child Day Care Attendance and School Attendance are published by DHEC annually (see <http://www.scdhec.gov/health/disease/immunization/immunizations.htm>) DHEC Approval Code V1002