

**CERTIFICATE OF IMMUNIZATION**

\_\_\_\_\_ Child's Name (Last name first)

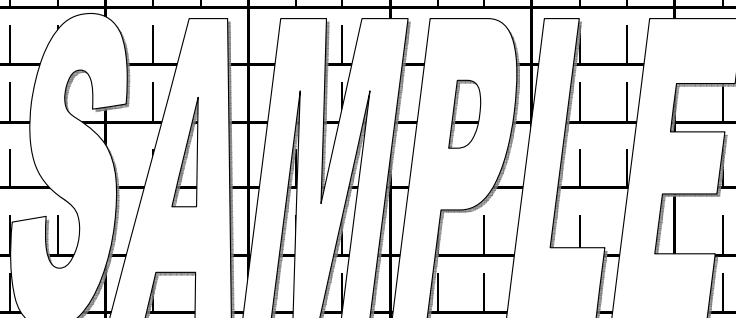
\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_| Birthdate

_____ OR _____	_____ (Fill in X)
<b>Date of Expiration</b>	<b>Complete For School Attendance</b>
(Next required immunization or review of medical exemption due.)	Child must be ≥ 4 years and have met all requirements for school attendance. The vaccine history section must be filled in.

\_\_\_\_\_ (Optional) Parent/Guardian Name (Last name first)

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			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	MM	DD	YY		
<b>Required Vaccines for School or Child Care Attendance</b>																				
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																				
<b>Recommended Vaccines (For Information Only)</b>																				
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

**Policy Guide 3231INS**  
**Standards for Issuing and Filing Certificates of Immunization**  
**[Form 3231 (Rev. February-2010)]**  
**For Georgia Facilities and Schools**

**Who is required to have the Certificate of Immunization (Form 3231)?**

Children attending any childcare facility, pre-kindergarten, Head Start program, nursery, or school are required to have this form on file. This includes public and private operations and all enterprises, educational programs and institutions involved in the care, supervision or instruction of children. Certificates are required for all children through grade 12. There is no lower age limit. It will not be necessary to replace Form 3032 or prior versions of Form 3231 for children already attending schools.

**Who may issue certificates?**

Only a physician **licensed in Georgia** or qualified employee of a local Health Department or the State Immunization Program may issue this certificate. The physician or health department is responsible for interpretation of and compliance with the requirements set forth in Chapter 290-5-4 of the *Rules of the Department of Community Health Division of Public Health*.

**How to file and maintain the certificates:**

1. **A valid certificate for all children** must have the following information legibly completed:
  - Child's Name
  - Birth date
  - Name, address, and phone number of a Physician or Health Department
  - Certified by Signature
  - Date of Issue
  - Dates (month, date and year) in the vaccine history (dates vaccines administered) section and/or 4 digit year in the "Disease Dx", "Serology +", "Disease Hx" or "Medical Exemption" boxes.
2. **A valid certificate for children under 4 years of age** must have:
  - All of the information in item #1 and a "Date of Expiration" noted in the appropriate space.
3. **A valid certificate for a child age 4 years or older** must have:
  - All of the information in item #1 and either an X in the "Complete For School Attendance" box or a marked "Date of Expiration"
4. Valid certificates marked "Complete For School Attendance" do not expire.
5. **The certificate becomes invalid on the expiration date indicated. If a current certificate has not been submitted within 30 days after the expiration date, the child must be excluded from attendance until a current certificate is obtained.**
6. A school/facility official is responsible for keeping track of certificates with expiration dates and for notifying a parent/guardian of an upcoming expiration date and requesting that an up-to-date certificate be submitted.
7. A valid certificate of immunization must be kept on file by the school/facility and be available for inspection by health officials. The school/facility is **not** responsible for the accuracy of immunization information filled in by the certifying authority.
8. If a child attends more than one school/facility, a photocopy of this form must be on file at the second school/facility.
9. If a child leaves **or** transfers to another school/facility, this certificate should be given to a parent/guardian **or** sent to the new school/facility.
10. Any school/facility official who does not enforce the requirements and any parent/guardian who intentionally does not comply with the requirements shall be guilty of a misdemeanor. See *Official Code of Georgia Annotated, § 20-2-771(h)*.

**Instructions for completing certificates:**

1. **ALL** dates **must** include month, day and year.
2. The "Child's Name" and "Birthdate" **must** be filled in.
3. The "Date of Expiration" is the date the child's next immunization is due **or** the date a review of the medical exemption is due.
  - This date **must** be filled in when a child is in the process of receiving the required number of vaccine doses appropriate for age as set forth in *Policy Guide 3231REQ, Vaccine Requirements for Attending Facilities and Schools in Georgia*.
  - The date filled in **may** be the date a review of a medical exemption for a vaccine is due. The "Date of Expiration" **must** be filled in if "Complete for School Attendance" is not marked.

4. Put an X in the “Complete For School Attendance” box **if** a child who is **four years of age or older** has completed all the immunization requirements for first time attendance in a **school** in Georgia as set forth in *Policy Guide 3231REQ, Vaccine Requirements for Attending Facilities and Schools in Georgia*. Note that requirements for kindergarten (age 5 years) **include** doses indicated by the ACIP for 4-6 years. The “Complete For School Attendance” box **must** be filled in if the “Date of Expiration” is not.
5. The Georgia Department of Community Health establishes the requirements for immunization for school/facility attendance in accord with the *Recommended Childhood Immunization Schedule, United States*, developed and approved annually by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). See *Policy Guide 3231REQ Vaccine Requirements for Attending Facilities and Schools in Georgia* for requirements for doses for age, minimum ages, and minimum intervals between doses for children who are behind schedule.
6. Hib and PCV vaccine are not required on or after the 5<sup>th</sup> birthday. The number of doses for both vaccines is dependent on age at first dose and/or the brand(s) of vaccine administered. If the “Complete For School Attendance” box is marked for a child who **is** 4 years of age, dates for Hib and PCV vaccine must be filled in.
7. The Hepatitis A, Hepatitis B, Measles, Mumps, Rubella and Varicella vaccine requirements may be waived with serologic proof of immunity. Filling in a 4-digit year is required for each requirement waived.
8. For varicella vaccine, the dates for each dose given must be entered **or** the 4 digit year in **one** of the columns indicating “Diagnosed” disease, “Serology +” (serologic evidence of immunity), “History” of disease or “Medical Exemption” must be filled in. The Varicella vaccine requirement may be waived with: (a) a physician’s diagnosis of disease; or (b) a health care provider’s interpretation that a parent/guardian description of chickenpox disease history is indicative of past infection. Filling in a 4-digit year for the year of infection is required.
9. In the interest of having a more complete record, providers are requested to fill in dates of Recommended Vaccines the child has received, but are not required to do so.
10. The certificate is **not** valid without a printed, typed or stamped name, address, and phone number of the certifying authority in the certification section in the lower right corner. There **must** be a written or stamped licensed physician’s signature or a signature of a qualified employee of a local Board of Health or State Immunization Program on the “Certified by” signature line.
11. The “Date of Issue” is the date a child’s immunization status was reviewed and the certificate was issued. It **must** be filled in.
12. During times when vaccine shortages may necessitate deferral of doses of specific vaccines, the GA Immunization Program will follow the recommendations made by the ACIP and will send providers the interim plans for issuing certificates based on these temporary recommendations.

**Exemptions:**

The Official Code of Georgia provides for only two types of exemptions from immunization requirements:

1. **Medical:** Medical exemption for a vaccine should be filled in only when there is a physical disability or condition that contraindicates immunization for that particular vaccine. There must be an annual review of medical exemptions, and certificates must be reissued with or without indication of exemption. *O.C.G.A. §20-2-771(d)*
2. **Religious:** For a child to be exempt from immunizations on religious grounds, the parent or guardian must furnish the school/facility with a notarized affidavit stating that immunization conflicts with his or her religious beliefs. There is **no** standard form for Religious Exemption. The school/facility must keep the affidavit on file and available for inspection by health officials in lieu of an Immunization Certificate. Affidavits denoting religious exemption do not expire. *O.C.G.A. §20-2-771(e)*

**Certificate ordering and computer generated facsimiles:**

1. Certificates of Immunization (Form 3231) may be ordered in bulk from:  
Georgia Immunization Program  
2 Peachtree Street N.W, Suite 13-476  
Atlanta, GA 30303-3186  
The order form can be printed from: <http://health.state.ga.us/programs/immunization/>
2. Computerized versions of the Certificate of Immunization (Form 3231) must contain all the information included in the current form provided by the Georgia Department of Community Health and must be approved by the Georgia Immunization Program prior to use. References: Official Code of Georgia Annotated, § 20-2-771 and Rules of the Department of Community Health, Division of Public Health, Chapter 290-5-4.

Vaccine Requirements for Attending Facilities and Schools in Georgia\*  
Relative to the Certificate of Immunization (Form 3231)

Required Doses for Attendance in Facilities and Schools  
For Children Who Started Immunizations Before Age 7 Years\*

Required Vaccines** with footnote numbers in [ ]	2 Months of Age	4 Months of Age	6 Months of Age	12-15 Months of Age	18-24 Months of Age	4-6 Yrs.* (School Entry)	Total Doses Required*** For Checking Complete For School Attendance Box on Immunization Certificate
[1] DTP, DTaP, DT	1	2	3	4		5	5 or 4 (See Footnote [1])
[2] Hepatitis B	1	2		3			3 (See Footnote [2])
[3] Hib PRP-T or [3] Hib PRP-OMP	1	2	3	4			N/A for school (See Footnote [3])
[4] Polio	1	2		3		4	N/A for school (See Footnote [3]) 4 (See Footnote [4])
[5] MMR				1		2	2 (See Footnote [5])
[6] Varicella				1		2	2 (See Footnote [6])
[7] PCV	1	2	3	4			N/A for school (See Footnote [7])
[8] Td/Tdap							(See Footnote [8])
[9] Hepatitis A				1	2		(See Footnote [9])

\*These requirements were established in accordance with the current Recommended Childhood and Catch-Up Immunization Schedules, United States. (See references on reverse side.) Georgia requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

Immunization Schedule that are recommended routinely but are not required in Georgia for child care or school attendance.

\*\*\*Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

Minimum Ages For Initial Immunization And Minimum Intervals Between Doses

Vaccine	Minimum Age For First Dose	Minimum interval from dose 1 to 2	Minimum interval from dose 2 to 3	Minimum interval from dose 3 to 4	Minimum interval from dose 4 to 5
[1] DTP/DTaP (DT)	6 weeks	4 weeks	4 weeks	6 months	See Footnote [1]
[2] Hepatitis B	birth	4 weeks	See Footnote [2]	N/A	N/A
[3] Hib (Primary Series) HbOC & PRP-T	6 weeks	4 weeks	4 weeks	See Footnote [3]	N/A
PRP-OMP (Pedvax)	6 weeks	4 weeks	See Footnote [3]	N/A	N/A
[4] Polio	6 weeks	4 weeks	4 weeks	See Footnote [4]	N/A
[5] MMR	12 months	4 weeks	N/A	N/A	N/A
[6] Varicella	12 months	3 months	N/A	N/A	N/A
[7] PCV	6 weeks	4 weeks	4 weeks	See Footnote [7]	N/A
[8] Td/Tdap	See Side 2, Footnote [5]				
[9] Hepatitis A	12 months	6 months			

With respect to these intervals, 4 weeks is a minimum of 4 weeks or 28 days.

Don't restart any series, no matter how long since the previous dose. Doses given ≤ 4 days before the minimum age or the minimum interval may be counted as valid. Two different live vaccines must be given on the same day or spaced at least 28 days apart.

- [1] One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 4th dose was on or after the 4th birthday, the 5th dose is not needed. The 4th dose should be administered a minimum of 6 months after the 3rd dose. However, the 4th dose does not need to be repeated if administered ≥ 4 months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- [2] The 3rd dose of Hepatitis B vaccine should be given a minimum of 4 months after the 1st dose and 2 months after the 2nd dose and not before 24 weeks of age.
- [3] The number of doses of Hib depends on age at 1st dose and brand of vaccine given. A primary series of PRP-OMP (PedvaxHIB) vaccine is two doses; PRT-T (ActHIB) requires 3 dose series. Hiberix is licensed for booster dose only. The booster dose should be separated by at least 8 weeks from the previous dose (2nd or 3rd) dose. Hib is required for children younger than 5 years attending facilities. Hib is not required for admission to kindergarten (5 years) through grade 12 and is not indicated for children who have reached the 5th birthday. One dose is sufficient if it is given at age 15 months or later. If child receives different brands of Hib vaccine at 2 and 4 months, a third dose of either brand should be administered at 6 months to complete the primary series.
- [4] If minimum ages and intervals have been maintained, a child who has received 4 doses of all OPV, all IPV or a combination of IPV and OPV is considered to be adequately immunized if final dose is administered on or after the 4th birthday and at least 6 months following the previous dose. The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose. If 4 doses are administered prior to age 4 years a fifth dose should be administered at age 4 through 6 years.
- [5] The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 1 dose of rubella vaccine. The vaccines may be given as MMR or MMRV (combined antigens) or as single antigens.
- [6] The varicella requirement is for 2 doses of varicella-containing vaccine for entry into any level, K-12. (See Side 2, Footnote [4]). These may be administered as single dose varicella or in combination as MMRV.
- [7] The number of doses in the PCV series depends on age at 1st dose. The last dose in the series should be given at least 2 months after the previous dose and not before 12 months of age.
- [8] The number of doses required depends on age at first dose and number of previous doses. See current ACIP Immunization Catch-Up Schedule.
- [9] Hepatitis A vaccine should be administered to all children born on or after 1-1-06.

## Policy Guide 3231REQ

### Vaccine Requirements for Attending Facilities and Schools in Georgia\*

#### Relative to the Certificate of Immunization (Form 3231)

#### Required Doses for Attendance in Schools For Children Who Started Immunizations At Age 7 Years or Older\*

Required Vaccines** with footnote numbers in [ ]	First Visit	1 Month After First	1 Month After Second	1 Month After Third	4 Months After First	6 Months After Previous	<b>Total Doses Required*** For Checking Complete For School Attendance Box on Immunization Certificate</b>
[1]Hepatitis B Engerix 10 mcg or Recombivax 5 mcg	1	2			3		<b>3 (See Footnote [1])</b>
Recombivax 10 mcg (11-15 years only)	1				2		<b>2 (See Footnote [1])</b>
[2]Polio	1	2	3			4	<b>4 (See Footnote [2])</b>
[3]MMR	1	2					<b>2 (See Footnote [3])</b>
[4]Varicella	1			2			<b>2 (See Footnote [4])</b>
[5]Td/Tdap	1	2				3	<b>3 (See Footnote [5])</b>

\*These requirements were established in accordance with the current Recommended Childhood Immunization Schedule, United States. See References.

\*\*There are other vaccines included in the Childhood Immunization Schedule that are recommended routinely but are not required in GA for child care or school attendance.

\*\*\*Children who are behind schedule may attend while in the process of completing requirements with minimum intervals indicated above. With respect to these intervals, 1 month is a minimum of 4 weeks or 28 days.

**Footnotes:**

- [1] The 3rd dose of Hepatitis B Engerix-B 10 mcg or Recombivax-HB 5 mcg should be given a minimum of 4 months after the 1st dose and 2 months after the 2nd dose. A 3rd dose is not needed when 2 doses of Adult Recombivax-HB 10 mcg are given when a child is 11-15 years old and the 2 doses are at least 4 months apart. Documentation of this alternate schedule is very important, especially when issuing the 3231 certificate.
- [2] The final dose in the series should be administered on or after the fourth birthday and at least 6 months following the previous dose. If both OPV and IPV were administered as part of a series, a total number of 4 doses should be administered, regardless of the child's current age. If 4 doses are administered prior to age 4 years, a fifth dose should be administered at age 4 through 6 years.
- [3] The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 1 dose of rubella vaccine . The vaccines may be given as MMR or MMRV (combined antigens) or as single antigens.
- [4] Two doses of varicella vaccine are required for children entering school at any level, K-12, for the first time. For children already enrolled, the second dose is required at 6th grade. If given before age 12, the doses should be separated by 3 months, however, the 2nd dose does not need to be repeated if administered ≥ 1 month after 1st dose. If given on or after the 13th birthday, the doses should be separated by 4 or more weeks.
- [5] One dose of Tdap is recommended in lieu of a dose of Td. If a primary series is indicated, one dose, preferably the first, should be Tdap. If Td has already been administered, 5 years is the preferred interval to a dose of Tdap, but shorter intervals may be used if risk warrants it.

**References:**

Official Code of Georgia Annotated, Section 20-2-771 Rules of the Department of Community Health Division of Public Health, Chapter 290-5-4 Georgia Immunization Program Manual Georgia VFC Program Manual Recommendations of the Advisory Committee on Immunization Practices (ACIP) The Red Book - Report of the Committee on Infectious Diseases	Recommended Childhood & Catch-Up Immunization Schedules, U.S.: Centers for Disease Control and Prevention American Academy of Pediatrics (AAP) Approved by ACIP, AAP and American Academy of Family Physicians (AAFP)
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