Rev. 07/2020

Georgia Department of Public Health

Form **3231**

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, First name)

Birthdate

Date of Expiration

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

(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)

(Optional) Parent/Guardian Name (Last name, First name)

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a