



IMMUNIZATION GUIDELINES

According to the *Florida Department of Health...*

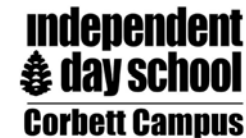
- Children entering Kindergarten and First Grade are required to have documentation from their **medical provider** on Form 680 of two doses of varicella vaccine or the year the child had the disease.
- Children entering Kindergarten through Sixth Grades are **required** to have completed the Hepatitis B vaccination series.
- A second dose of measles vaccine (preferably MMR) is **required** for children attending grades Kindergarten through Eighth Grades (K-8th).
- Children entering Seventh through Twelfth Grades are **required** to have completed the Hepatitis B vaccination series, a second measles vaccination or MMR, and a tetanus-diphtheria booster. Tdap is required if at least five years have elapsed since the last dose of DTP or DT was administered.

***Any child entering a school, preschool or childcare facility must show either proof of immunization or exemption.**

HEALTH IMMUNIZATION AND PHYSICAL GUIDELINES

According to the *Florida Department of Health...*

- Students entering any Florida school for the first time must have a **School Entry Health Form DH 3040** and a **Florida Certification of Immunization Form DH680**, available from your child's pediatrician. They must be completed and sent to school on or before the first day of school. All Kindergarten students must also have a physical dated after August 25, 2009.
- **Scoliosis screening is required by state statute for Sixth Grade students.** Screening may be done through your child's pediatrician.



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ONE PER FAMILY

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines for Florida Schools, Childcare Facilities and Family Daycare Homes" for information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Tdap/Td	C	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H	_____	_____	_____	_____	_____
	I	_____	_____	_____	_____	_____
	J	_____	_____	_____	_____	_____
Hepatitis B	K	_____	_____	_____	_____	_____
Varicella	L	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
PneumoConju	N	_____	_____	_____	_____	_____

**Select appropriate box(es)
Certificate of Immunization for K-12**

Part A-Complete

- DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption

Expiration date: _____

Part B-Temporary

Part B (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 _____

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or Authorized Signature: _____

Issued By: _____

Date: _____