

Understanding Student Immunization Certificates: 680 Form



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Objectives

At the conclusion of this live session, the participant will be able to:

- Locate and identify Immunization Services provided by Florida Department of Health in Broward County
- Locate resources to assist with review of 680 forms
- Review student's immunization record/680 form accurately
- Identify actions to be taken if immunization record is not in compliance with Florida School Entry
- Verbalize important key points when reviewing a 680 form





Florida Department of Health: Mission and Vision

- Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts
- Vision: To Be the Healthiest State in the Nation

Live. Life. Healthy





Immunization Services



- FDOH in Broward County provide all required immunizations for children through Vaccines For Children. This service is free of charge to **uninsured/underinsured** children 18 years old and younger.
- Additionally, we provide Meningococcal Vaccine and HPV9 vaccine to children in our community through this program.



Immunization Information for Edgar Mills Health Center

Physical Address:
900 NW 31st Avenue
Fort Lauderdale, FL 33315

Phone:
954-467-4700

Monday	8:00 AM - 4:00 PM
Tuesday	8:00 AM - 4:00 PM
Wednesday	8:00 AM - 4:00 PM
Thursday	11:00 AM - 7:00 PM (No Skin Testing for Tuberculosis on Thursday's)
Friday	**8:00 AM - 4:00 PM
Saturday	Closed
Sunday	Closed

****On the 2nd and 4th Friday of the month, Immunization Services are offered from 1:00 PM - 4:00 PM.
No Tuberculosis (TB) Skin Test (PPD) offered on Thursday**



Immunization Information for Paul Hughes Health Center

Physical Address:
205 NW 6th Avenue
Pompano Beach, FL 33060

Phone:
954-467-4700

Monday	8:00 AM - 4:00 PM
Tuesday	11:00 AM - 7:00 PM
Wednesday	8:00 AM - 4:00 PM
Thursday	8:00 AM - 4:00 PM (No Skin Testing for Tuberculosis on Thursday's)
Friday	**8:00 AM - 4:00 PM
Saturday	Closed
Sunday	Closed

****On the 2nd and 4th Friday of the month, Immunization Services are offered from 1:00 PM - 4:00 PM.
No Tuberculosis (TB) Skin Test (PPD) offered on Thursday**

What are the preventable diseases?

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Last updated January 26, 2015 • CS245366-A -



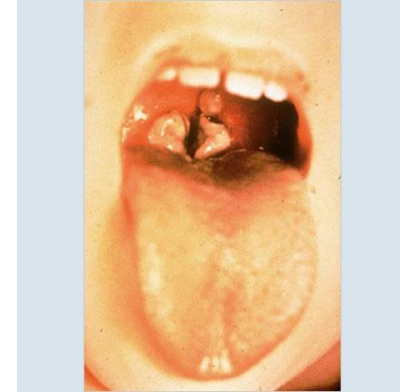
Varicella

<http://www.vaccineinformation.org/photos/variaap001.jpg>



Mumps

Child very swollen under the jaw and in the cheeks due to mumps
Courtesy of Centers for Disease Control and Prevention



Diphtheria

Child has diphtheria, thick gray coating over back of throat
Source: Centers for Disease Control and Prevention



Haemophilus Influenzae B

Child has swollen face due to Hib infection
Courtesy of Children's Immunization Project, St. Paul, Minnesota



Rubella

Characteristic maculopapular rash indicative of rubella
Courtesy of Centers for Disease Control and Prevention



Measles

<http://phil.cdc.gov/phil/details.asp?pid=1150>

2015–2016 School Entry Requirements

Before attending school in Florida (kindergarten through 12th grade), each child must provide a *Florida Certification of Immunization* (DH 680 form), documenting the following vaccinations:

Public/Non-Public Schools Kindergarten through 12th Grade:

- Four or five doses of diphtheria-tetanus-pertussis (DTaP) vaccine
- Two or three doses of hepatitis B (Hep B) vaccine
- Three, four, or five doses of polio vaccine*
- Two doses of measles-mumps-rubella (MMR) vaccine
- Two doses of varicella vaccine† for kindergarten and grades one through seven
- One dose of varicella vaccine† for grades eight through twelve

* If the fourth dose of vaccine is administered prior to the fourth birthday, a fifth dose of polio vaccine is required for kindergarten entry only.

†Varicella vaccine is not required if varicella disease is documented by the health care provider.

Seventh Grade Requirements:

In addition to kindergarten through 12th grade requirements, students must have the following vaccinations:

- One dose of tetanus-diphtheria-pertussis (Tdap) vaccine in grades seven through twelve
- An updated DH 680 form to include Tdap, must be obtained for submission to the school

**Need health insurance for your child?
Apply online at www.floridakidcare.org or
call 1-888-540-5437 for an application.**

Fl♥**rida KidCare**

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

Immunizing Florida. Protecting Health.



Tdap and Varicella Phase-In Schedule

School Year/ Grades	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
1 Varicella*	6-12	7-12	8-12	9-12	10-12	11-12	12	—
2 Varicella*	K-5	K-6	K-7	K-8	K-9	K-10	K-11	K-12
Tdap**	7-11	7-12	7-12	7-12	7-12	7-12	7-12	7-12

* Or a health care provider's documentation of evidence of disease

** Tetanus/Diphtheria/Pertussis vaccine

FOR MORE INFORMATION, CALL 850-245-4342 OR VISIT WWW.IMMUNIZEFLORIDA.ORG.

Immunizing Florida. Protecting Health.

Bureau of Communicable Disease
Immunization Section



Polio (IPV/OPV)

- The fourth dose of polio vaccine should be given on or after the child's fourth birthday and prior to entry into kindergarten.
- Effective school year 2011/2012 for kindergarten entry only, if the fourth dose of polio vaccine was administered prior to the fourth birthday, a fifth dose of polio is required.
- If the third dose of polio is administered on or after the fourth birthday, then the fourth polio dose is not required.
- Students who started their immunizations after seven years of age should receive a total of three doses of polio vaccine.

Tdap

Tetanus, diphtheria, and pertussis

- Students who started their immunizations after seven years of age should receive a total of three doses of adult tetanus-diphtheria (Td) vaccine with Tdap replacing one dose of the Td.
- This Tdap dose will meet the 7th grade requirement.

Temporary Medical Exemption (DH 680 Form Part B)

- Any child who has incomplete documentation of vaccination for the required number of doses should be admitted after the first dose(s) and issued a Temporary Medical Exemption (DH 680 Form Part B) and scheduled for the next dose(s) according to age and dosage spacing.

Immunizations and School Entry

- According to Florida School Health Administrative Guidelines, Section III, Chapter 9, certification of immunization or exemption is required of all students PRIOR to admittance or attendance in the public and non public school. This will be in the form of:
 - DH Form 680 Part A, B, or C
 - DH Form 680 Certification of Immunization
 - DH Form 681 Religious Exemption

Students who are experiencing homelessness shall be given a temporary exemption for 30 school days to comply with school entry requirements.

An authorized school official may issue a temporary exemption for a period not to exceed 30 days, to permit students who transfer into a new country to attend class until his/her records can be obtained (s. 1003.22(5)(e),F.S.)

What do I do if the DH680 form is incomplete, expired, or is not presented for entry into school?

- According to Florida School Health Administrative Guidelines, Section III, Chapter 9:
 - Mandatory exclusion from school is required by law in Florida until acceptable immunization documentation is presented.

Let's Review 680's



**DOB: 06/01/2010 Age: 5 Years
Grade: K**

Directions:

* Review all appropriate doses and dates then sign and date the certificate below.

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.immunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	08/01/2010	10/01/2010	12/01/2010	06/01/2011	06/01/2014
DT	B					
Tdap	P					
Td	Q					
Polio	D	08/01/2010	10/01/2010	12/01/2010	06/01/2014	Complete
HIB	E	08/01/2010	10/01/2010	12/01/2010	Complete	
MMR (Combined) (Separate)	F	06/01/2011	06/01/2014			
	G,H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	06/01/2010	08/01/2010	12/01/2010		
Varicella	K	06/01/2011	06/01/2014			
Varicella Disease	L					
		<i>Year</i>				
PneumoConju	N	08/01/2010	10/01/2010	12/01/2010	Complete	

Certificate of Immunization for K-12

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

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

Physician or Clinic Name:

FT. LAUDERDALE HEALTH CENTER

2421 SW 6TH AVE.

FT. LAUDERDALE, FL 33315

(954) 467-4700 X5195

Physician or

Authorized Signature: KRISTINA GOFF

Electronic Certification:

Date: 10/16/2015

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	08/01/2010	10/01/2010	12/01/2010	06/01/2014	
DT	B					
Tdap	P					
Td	Q					
Polio	D	08/01/2010	10/01/2010	06/01/2014	Complete	
HIB	E	08/01/2010	10/01/2010	12/01/2010	Complete	
MMR (Combined) (Separate)	F	06/01/2011	10/01/2015			
	G,H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	06/01/2010	08/01/2010	10/01/2015		
Varicella	K					
Varicella Disease	L	2012				
		Year				
PneumoConju	N	08/01/2010	10/01/2010	12/01/2010	Complete	

Certificate of Immunization for K-12

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

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

Permanent Medical Exemption

PART C DOE Code 3: (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

VZV1

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:

FT. LAUDERDALE HEALTH CENTER

2421 SW 6TH AVE.

FT. LAUDERDALE, FL 33315

(954) 467-4700 X5195

Physician or

Authorized Signature: KRISTINA GOFF

Electronic Certification: [Redacted]

Date: 10/16/2015

Issued By: KRISTINA GOFF

DOB: 01/25/2005 Age: 10 Years
Grade: 5th

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	03/24/2005	05/19/2005	07/21/2005	08/24/2006	07/23/2010
DT	B					
Tdap	P					
Td	Q					
Polio	D	03/24/2005	05/19/2005	07/21/2005	07/23/2010	Complete
HIB	E	03/24/2005	05/19/2005	07/21/2005	01/31/2006	
MMR (Combined) (Separate)	F	08/24/2006	07/23/2010			
	G,H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	02/28/2005	03/24/2005	10/26/2005		
Varicella	K	08/24/2006	07/23/2010			
Varicella Disease	L					
		<i>Year</i>				
PneumoConju	N	03/24/2005	05/19/2005	07/21/2005	01/31/2006	

Certificate of Immunization for K-12

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

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

Physician or Clinic Name:

FT LAUDERDALE IMM CL
 2421 SW 6TH AVE PHARMACY
 FORT LAUDERDALE, FL 33315
 (954) 467-4700

Physician or

Authorized Signature: _____

Electronic Certification: _____

Date: 10/16/2015

Issued By: _____

DOB: 9/12/1999 Age: 16 years
Grade: 10th

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	11/18/1999	01/19/2000	04/03/2000	03/13/2001	01/13/2004
DT	B					
Tdap	P	05/16/2012				
Td	Q					
Polio	D	11/18/1999	01/19/2000	10/02/2000	01/13/2004	Complete
HIB	E	11/18/1999	01/19/2000	04/03/2000	03/13/2001	
MMR (Combined) (Separate)	F	10/02/2000	01/13/2004			
	G,H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	10/12/1999	11/18/1999	10/02/2000		
Varicella	K	03/13/2001	03/27/2009			
Varicella Disease	L					
PneumoConju	N	Year				
		10/02/2000	03/31/2001	Complete		

Certificate of Immunization for K-12

PART A 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 been adequately immunized for school attendance as documented above.

Physician or Clinic Name:

MILLS HEALTH CENTER
 900 NW 31ST AVENUE
 FORT LAUDERDALE, FL 33311
 (954) 467-4705

Physician or

Authorized Signature: KRISTINA GOFF
Electronic Certification: 
Date: 10/16/2015
Issued By: KRISTINA GOFF

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	Complete				
DT	B					
Tdap	P	12/14/2012				
Td	Q	02/04/2013	09/06/2013			
Polio	D	12/14/2012	02/04/2013	09/06/2013	Complete	
HIB	E	Complete				
MMR (Combined) (Separate)	F	12/14/2012	02/04/2013			
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	12/14/2012	02/04/2013	04/05/2013		
Varicella	K	12/14/2012	03/14/2013			
Varicella Disease	L					
		Year				
PneumoConju	N	Complete				

Certificate of Immunization for K-12

PART A 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 been adequately immunized for school attendance as documented above.

Physician or Clinic Name:

MILLS HEALTH CENTER

900 NW 31ST AVENUE

FORT LAUDERDALE, FL 33311

(954) 467-4705

Physician or

Authorized Signature: KRISTINA GOFF

Electronic Certification:

Date: 10/01/2015

Issued By: KRISTINA GOFF

DOB: 06/09/2007 Age: 8 years
Grade: 3rd

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	08/15/2007	10/17/2007	Max Age		
DT	B					
Tdap	P					
Td	Q	07/21/2015				
Polio	D	08/15/2007	10/17/2007	02/11/2008	04/13/2009	09/16/2015
HIB	E	04/30/2008	Complete			
MMR (Combined) (Separate)	F	01/19/2009	07/21/2015			
	G,H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	06/14/2007	08/15/2007	04/30/2008		
Varicella	K	09/16/2015				
Varicella Disease	L					
PneumoConju	N	Year				
		08/25/2007	11/28/2007	01/28/2008	Complete	

Temporary Medical Exemption Expiration Date: 12/31/2015

PART B DOE Code 2: (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.**

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name:

MILLS HEALTH CENTER
 900 NW 31ST AVENUE
 FORT LAUDERDALE, FL 33311
 (954) 467-4705

Physician or

Authorized Signature: KRISTINA GOFF
Electronic Certification: [REDACTED]
Date: 09/16/2015
Issued By: KRISTINA GOFF

DOB:06/18/2000 Age: 15 years
Grade: 9th

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	Max Age				
DT	B					
Tdap	P	07/21/2015				
Td	Q	03/30/2015				
Polio	D	07/21/2015	09/23/2015			
HIB	E	Complete				
MMR (Combined) (Separate)	F	03/30/2015	09/23/2015			
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	03/30/2015	07/21/2015	09/23/2015		
Varicella	K	03/30/2015	07/21/2015			
Varicella Disease	L					
		Year				
PneumoConju	N	Complete				

Temporary Medical Exemption Expiration Date: 02/05/2016

PART B DOE Code 2: (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.**

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name:

MILLS HEALTH CENTER
 900 NW 31ST AVENUE
 FORT LAUDERDALE, FL 33311
 (954) 467-4705

Physician or

Authorized Signature: KRISTINA GOFF
Electronic Certification: [REDACTED]
Date: 09/23/2015
Issued By: KRISTINA GOFF

DOB:12/11/1998 Age: 16 years
Grade: 10th

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	07/02/2015	Max Age			
DT	B					
Tdap	P	10/14/2015				
Td	Q					
Polio	D	02/16/1999	04/11/1999	06/21/1999	10/14/2015	Complete
HIB	E	Complete				
MMR (Combined) (Separate)	F	07/02/2015	10/14/2015			
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	07/02/2015	10/14/2015			
Varicella	K	07/02/2015	10/14/2015			
Varicella Disease	L					
		Year				
PneumoConju	N	Complete				

Temporary Medical Exemption Expiration Date: 12/29/2015


PART B DOE Code 2: (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.**

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name:

MILLS HEALTH CENTER
 900 NW 31ST AVENUE
 FORT LAUDERDALE, FL 33311
 (954) 467-4705

Physician or

Authorized Signature: KRISTINA GOFF
Electronic Certification: 
Date: 10/14/2015
Issued By: KRISTINA GOFF

DOB:03/07/2008 Age: 7 years
Grade: 2nd

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	05/07/2008	07/07/2008	09/07/2009	Max Age	
DT	B					
Tdap	P					
Td	Q					
Polio	D	05/07/2008	07/07/2008	09/07/2009	Complete	
HIB	E	Complete				
MMR (Combined) (Separate)	F	03/09/2009	08/10/2015			
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	08/10/2015	09/28/2015			
Varicella Varicella Disease	K					
	L	2010				
		Year				
PneumoConju	N	Complete				

Temporary Medical Exemption Expiration Date: 12/15/2015

PART B DOE Code 2: (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.**

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

PART C DOE Code 3: (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

VZV1

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:

FT. LAUDERDALE HEALTH CENTER
2421 SW 6TH AVE.
FT. LAUDERDALE, FL 33315
(954) 467-4700 X5195

Physician or

Authorized Signature: KRISTINA GOFF
Electronic Certification: SS947QWXN84
Date: 10/26/2015
Issued By: KRISTINA GOFF

DOB:07/11/2007 Age: 8 years
Grade: 3rd

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	Max Age				
DT	B					
Tdap	P	08/21/2015				
Td	Q					
Polio	D	08/21/2015				
HIB	E	Complete				
MMR (Combined)	F	08/21/2015				
(Separate)	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	08/21/2015				
Varicella	K	08/21/2015				
Varicella Disease	L					
		Year				
PneumoConju	N	Complete				

Temporary Medical Exemption Expiration Date: 10/10/2015

PART B DOE Code 2: (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.**

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name:

FT LAUDERDALE IMM CL
 2421 SW 6TH AVE PHARMACY
 FORT LAUDERDALE, FL 33315
 (954) 467-4700

Physician or

Authorized Signature: _____
Electronic Certification: _____
Date: 08/21/2015
Issued By: _____

Directions:

* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.immunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	04/01/2004	06/07/2004	08/17/2004	05/20/2005	Complete
DT	B					
Tdap	P	02/03/2015				
Td	Q					
Polio	D	02/25/2005	04/12/2005	02/24/2006	02/03/2015	Complete
HIB	E	03/04/2004	04/27/2004	05/20/2005	Complete	
MMR (Combined) (Separate)	F	08/15/2015				
	G,H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	01/05/2004	03/05/2004	07/05/2004		
Varicella	K	02/03/2015	08/15/2015			
Varicella Disease	L					
		Year				
PneumoConju	N	Complete				

Certificate of Immunization for K-12

PART A 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 been adequately immunized for school attendance as documented above.

Permanent Medical Exemption

PART C DOE Code 3: (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

MEA6; MUM6; RUB6

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:

MILLS HEALTH CENTER

900 NW 31ST AVENUE

FORT LAUDERDALE, FL 33311

(954) 467-4705

Physician or

Authorized Signature:

Electronic Certification:

Date:

Issued By:

Religious Exemption



RELIGIOUS EXEMPTION FROM IMMUNIZATION Exención Religiosa Para La Inmunización Eksepsyon Pou Kwayans Relijyon Pou Pa Nan Pran Piki Ak Vaksen

[Redacted]

Child's Name (printed)

Nombre Del Niño (con letra de imprenta)

Non Timoun Nan (an gran karaktè)

[Redacted]

Date of Birth

Fecha De Nacimiento
Dat Li Te Fèt

[Redacted]

Child's SS# (optional)

Número De Seguro Social
Del Niño (opcional)
Nimewo Sekirite Sosyal
Timoun Nan (si ou vie)

[Redacted]

Name of Parent or Guardian

Nombre Del Padre O Guardián

Non Paran Oubyen Moun Ki Reskonsab Li Ya

(English) I am the parent or legal guardian of the above-named child. Immunizations are in conflict with my religious tenets or practices. Therefore, I request that my child be enrolled in school, preschool, child day care facilities, or family day care homes without immunizations required by sections 1003.22, F.S., 402.305, F.S., and 402.313, F.S.

The presence of any of the communicable diseases for which immunization is required by the Department of Health in Florida schools, preschools, child day care facilities, or family day care homes shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from the facility by the district school board or governing authority until such time as is specified by the county health department director or administrator.

(Spanish) Yo soy uno de los padres o el guardián legal del niño mencionado anteriormente. Las inmunizaciones están en conflicto con mis principios o prácticas religiosas. Por lo tanto, pido que mi hijo se matricule en el colegio, preescolar, guardería infantil o servicios de cuidado para familias sin las inmunizaciones requeridas por las secciones 1003.22, F.A., 402.305, F.S., y 402.313, F.S.

La presencia de cualquier enfermedad contagiosa para la cual el Departamento de Salud en los colegios, preescolares, guarderías infantiles o servicios de cuidado para familias de la Florida requiere inmunización permitirá que el director o el administrador del departamento de salud del condado o el oficial de salud estatal declare una emergencia de enfermedad contagiosa. Aquellos niños que sean identificados como no inmunizados contra la enfermedad para la cual se ha declarado la emergencia serán excluidos temporalmente de las instalaciones por parte de la junta del distrito escolar o las autoridades gobernantes hasta que el director o el administrador del departamento de salud del condado lo especifique necesario.

(Creole) Mwen menm se paran oubyen moun ki reskonsab devan lalwa timoun sa ke nou sot baw non li ya piwo wa. Sa yo ap fè nan san yo tankou piki, seròm ak vaksen pa mache ak prensip oubyen ak pratik ki gen nan legliz mwen yan. Poutèt sa, mwen mande ke timoun mwen yan enskri nan lekòl, lekòl matènèl, jaden danfan, oubyen kote yo fè gadri pou timoun, san ke yo pa bezwen pran vaksen yo jan atik 1003.22, F.S., 402.305, F.S., ak 402.313, F.S. yo mandel.

Prezans nenpòt ki maladi kontajyez ki bezwen pou moun nan pran piki ak vaksen kan mèm dwe rekòmande pa Sèvis Sante ki nan lekòl yo ki anndan eta Florid la, lekòl matènèl, kote ke yo fasilite swen pou timoun, oubyen nan kay fanmi ki ap bay swen yo pou ka pèmèt direktè oubyen administratè Sante zòn nan oubyen ofisye sante eta deklare ke ou genyen you maladi kontajyez ki gen ijans. Timoun sa yo ke yo idanfyife ki pa te pran piki, seròm ak lòt bagay nan san kont maladi kontajyez ke yo deklare ki gen ijans lan nou pral mete yo deyò pou you ti tan jiskaske direktè ya oubyen administratè sante zòn nan deklare ke lè ya rive pou yo tounen.

[Redacted]

Electronic Signature of Parent or Guardian

Firma del Padre o Guardián

Siyati Paran Oubyen Moun Ki Reskonsab Li

[Redacted]

Date

Fecha

Dat

[Redacted]

Electronic Signature of Director/Administrator

[Redacted]

Date

BROWARD CHD

780 SW. 24TH STREET

FT. LAUDERDALE, FLORIDA 33315

County Health Department

Additional Resources

- Immunization Guidelines: Effective March 2013
Rule 64D-3.046, Florida Administrative Code
- FDOH in Broward County:
Laurie Colon-Villafane
954-467-4700 ext 3100
- Florida Department of Health Website:
Immunization Schedules and Requirements:

<http://www.floridahealth.gov/programs-and-services/immunization/children-and-adolescents/schedules-and-requirements/index.html>



Questions and Answers

