## COMMONWEALTH OF KENTUCKY IMMUNIZATION CERTIFICATE



(Required of each child enrolled in a public or private school, preschool program, day care center, certified family child care home, or other licensed facility which cares for children.)

Name of Child				Birthdate	
(Last)	(First)		(Middle)		
Name of Parent or Guardian					
Address					
(Street)		(City)	(State)		(Zip Code)
	DATES ADN	MINISTERED	(month/day/year)		
DIPHTHERIA, TETANUS, PERTUSSIS* #	1/#2	2//	_ #3//	#4/#5/	
POLIO VACCINES #	1 / / #	2 / /	#3 / /	#4 / /	
MMR (Measles, Mumps, Rubella)** #	 1 / / #				/ /
• • • • • • • • • • • • • • • • • • • •			Other	Other	
Hib*** #	1/#	2//	_ #3//	. #4/	
Hepatitis B**** #1/#2/			//#2/	/ (adult dose)	
Varicella ***** #1/ or child			•		
*DTaP, DTP, DT, Td **MMR for one dose, of approved adult hepatitis B vaccine for child or physician states that the child has had chicke This child is current for immunizations untilcertificate must be obtained.	lren 11-15 years of a npox disease.	ıge. *****Vari	cella required for ch	ildren 19 months to 7 years unle	ss a parent, guardiar
CERTIFY THAT THE ABOVE NAMED Consideration of physician, Health Dept., or their	r designee			Date	1 1 6 32
This Certificate should be presented to the s filed with the child's health record.	cnool or facility in	wnich the child	intends to enroll an	<del>_</del>	hool or facility and 230 (Rev 8/2002)