

Form No. 121

Certificate of Immunization Compliance

Name of Child/ Student/Employee _____ Birthdate _____

Name of Parent _____

Address _____

Vaccine	Date Each Dose Was Given				
	1st	2nd	3rd	4th	5th
Pneumococcal					
Varicella					
DTaP/DT/Td					
Hib					
Polio					
MMR					
Hep B					
Tdap					
Other					

Check here if prior history of chicken pox Medical Exemption Form 122 attached

The individual named above has met the immunization requirements for attendance or employment in a Mississippi child care facility or entry into a Mississippi public or private school, college, or university.

Please check (✓) one box only

- Complete Until School Entry
- Complete for school entry (K4-6th grade)
- Complete for middle school, high school, university/college, work requirements (7th grade and above)
- Temporarily compliant-next immunization is due _____ / _____ / _____
Month Day Year
- Record in transit, valid until _____ / _____ / _____
Month Day Year

Date of serological confirmation of immunity

*Varicella _____ / _____ / _____
Month Day Year

*Measles _____ / _____ / _____
Month Day Year

*Rubella _____ / _____ / _____
Month Day Year

*Mumps _____ / _____ / _____
Month Day Year

**Serological testing for the above are the only acceptable titers that will be allowed for child care and school entry for those who are not fully immunized.*

Print or Stamp Name of Facility *Signature and Title of Issuing Individual* *Month Day Year*

Hib and Pneumococcal vaccines are only required for child care.