


SUDBURY PARK & RECREATION

PHYSICAL & IMMUNIZATION REQUIREMENTS

EACH PARTICIPANT MUST PROVIDE A RECORD OF THEIR MOST RECENT PHYSICAL EXAM DATED WITHIN THE PAST 12 MONTHS & IMMUNIZATIONS DATED WITHIN THE PAST 24 MONTHS. PLEASE SEND IN YOUR CHILD'S PHYSICAL AND IMMUNIZATION FORM PROVIDED BY YOUR DOCTOR'S OFFICE. WITHOUT UPDATED MEDICAL FORMS, YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE.



FLORIDA DEPARTMENT OF HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 198.12, 482.20, 482.21, Florida Statutes; Rule 64B-0.046, Florida Administrative Code

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

Directions:

- Enter an appropriate dose and date below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-015, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Doctors Offices (July 2013) for information and instructions on form completion. Guidelines are available at: www.immunize.florida.gov/schools.pdf

VACCINE	DOSE 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/IP	A					
DT	B					
Tdap	F					
Td	G					
Polio	D					
Hib	E					
MMR (Combined)	F					
MMR (Separate)	G, H					
	I	Mening (dose 1)	Mening (dose 2)	Mening (dose 3)	Mening (dose 4)	Mening (dose 5)
	J	Anthrax (dose 1)	Anthrax (dose 2)			
Hepatitis B	J					
Varicella	K					
Varicella-Zoster	L					
PneumoConjv	M					

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

Part A-Complete

☐ Dose 1: Immunizations are up-to-date K-12 (Exempting if grade/school requirements)

☐ Dose 2: Immunizations are complete K-12

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 is for children in daycare centers, day care homes, preschool, kindergarten and grades 1 through 10 who are incomplete for immunizations in Part A. **Indicate the expiration date.** (Dose Code D)

I certify that the above named child has received the immunizations documented above and, has, continues and will continue to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

☐ **Part C-Permanent**

Part C is for medically contraindicated immunizations, but such reasons and state solid clinical reasoning or evidence for exemption. (Dose Code C)

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

Physician or Child Patient:

Physician or Authorized Signatory:

Signed By: _____

Date: _____

DH Form 150-015 (Rev. 01/01) 150-015-00000000