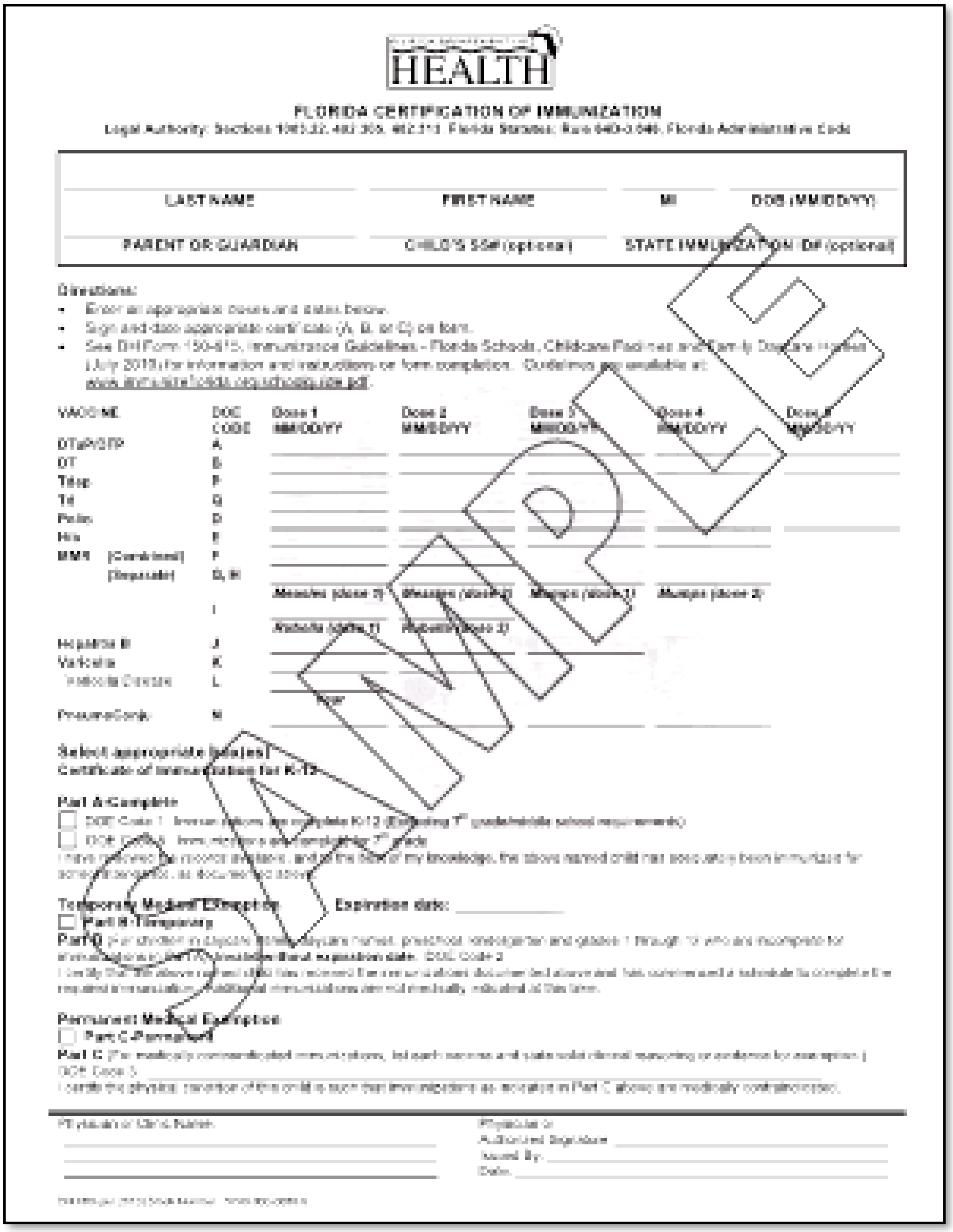
SUDBURY PARK & RECREATION

PHYSICAL & IMMUNIZATION REQUIREMENTS

EACH PARTICIPANT MUST PROVIDE A RECORD OF THEIR MOST RECENT PHYSICAL EXAM AND 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.



HEALTH

FLORIDA CERTIFICATION OF IMMUNIZATION

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

Directions:

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	F					
Td	G					
Polio	D					
Hib	E					
MMR (Combined)	F					
(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					
Varicella	K					
Varicella Disease	L	Year				
PneumoConj.	M					

Select appropriate box(es)

Certificate of Immunization for K-12

Part A-Complete

Temporary Medical Exemption — Expiration date:

Part B-Temporary

Permanent Medical Exemption

Part C-Permanent

Physician or Clinic Name

Physician or Authorized Signature

Issued By:

Date:

SAMPLE