

May 2, 2008

Certificate of Immunization IMM 50 (Blue Slip) Update:

The Alabama Certificate of Immunization (IMM 50, or "blue slip") is required for entry into day care, Head Start, and public or private school (K-12). It is to be used for documentation of age-appropriate vaccinations and temporary or permanent medical exemptions. A list of these required vaccines can be found on the back of the certificate. Over the next several months, the Alabama Department of Public Health will be transitioning to a revised blue slip. Until July 31, 2009, there will be two acceptable revision dates: 2/06 and 3/08. As of August 1, 2009 (2009-2010 school year), students entering school or providing updated blue slips should have the 3/08 revised form. All students who have up to date blue slips on file will not be required to submit a new (3/08) blue slip until their blue slip expires. Directions for completing the certificate are enclosed.

INSTRUCTIONS FOR COMPLETING THE ALABAMA CERTIFICATE OF IMMUNIZATION

The Alabama Certificate of Immunization (IMM 50, or "blue slip") is required for entry into daycare, Head Start, and public or private school. It is to be used for documentation of age-appropriate vaccinations and temporary or permanent medical exemptions. A list of these required vaccines can be found on the back of the certificate. The state immunization registry (ImmPRINT) can be used to print immunizations onto the blue slip. An IMM 50W version of the blue slip may be ordered from the Immunization Division when utilizing the registry for completion of the blue slip.

Dates of all vaccines given (month, day, and year) must be documented. The month and year are minimally acceptable if dates from another provider are used. Do not cross out empty date spaces or write "not applicable" in any of the date blanks. Two successive temporary certificates with a 30-day expiration date may be issued if the child's previous immunization dates are not readily available.

Combination vaccines not listed on the blue slip should be recorded as separate antigens in the space provided for each antigen.

Specific Instructions follow.

ALABAMA CERTIFICATE OF IMMUNIZATION (Front of Blue Slip)

1. **Expiration Date:** An expiration date is required for the blue slip to be valid. The month, day, and year that the next vaccine required for school or daycare attendance is due should be documented.
2. **Name of Child:** The child's first and last name should be documented.
3. **Date of Birth:** Month, day, and year of birth should be documented.
4. **Parent or Guardian:** The parent or guardian's first and last name should be documented.
5. **Diphtheria/Tetanus/Pertussis Vaccine:** Type of vaccine (DTP[historical], DTaP, DTaP-Hib, DTaP-HepB-IPV, DT, Tdap, Td) administered must be written and the month, day, and year the vaccine was administered should be documented.

6. Polio Vaccine: Type of vaccine (OPV [historical], IPV, DTaP-HepB-IPV) administered must be written and the month, day, and year the vaccine was administered should be documented.
7. *Haemophilus influenzae* Type b Vaccine: The type of vaccine (Hib, HepB-Hib, DTaP-Hib) and the month, day, and year the vaccine was administered should be documented.
8. Measles/Mumps/Rubella Vaccine: Type of vaccine (MMR, MMRV) administered must be written beside each separate antigen and the month, day, and year the vaccine was administered should be documented. If the combination vaccine is used, the date should also be recorded in the varicella vaccine section of the blue slip.
9. Varicella Vaccine: The type of vaccine (Var, MMRV) and the month, day, and year the vaccine was administered should be documented.
10. In Lieu of Varicella Vaccine: History of varicella disease provided by a healthcare provider is acceptable in lieu of vaccination history. Nurses in the clinic may verify history of varicella based on a valid parental description of the disease. The month and year should be documented. The month and year of a positive varicella titer is also acceptable in lieu of vaccination and should be documented in the space provided.

Confirmed Lab Column: Write in month and year of laboratory confirmation of disease.

11. Total Doses: This section lists the total number of doses a person has received.
12. Recommended Vaccines: Do not document the TB skin test in this space. The type of vaccine (HepA, HepA-B, HPV, MCV, MPSV, PCV, Rota, or other available vaccines) given must be specified. The month, day, and year the vaccine was administered should be documented.
13. Name of Clinic: May be stamped. Because pre-printed blue slips will be used infrequently, please do not stamp them in advance.
14. Authorized Medical Signature: May be signed or stamped with the private physician or county health department stamp. If a stamp is used, the initials of the individual completing the form should be placed beside the stamped health department or private healthcare provider name. Because pre-printed blue slips will be used infrequently, please do not stamp them in advance.
15. Date: Date the blue slip is filled out.

**TEMPORARY MEDICAL EXEMPTION
(Back of Blue Slip)**

16. Expiration Date: The month, day, and year that the temporarily contraindicated vaccine can be administered should be documented in this space.
17. Vaccine(s) to be deferred: The type of vaccine(s) contraindicated must be documented. Other vaccines given must be documented on the front of the blue slip with an expiration date assigned to those not contraindicated. Please note that the expiration date on the front of the blue slip may be different from the one assigned to the temporary medical exemption.
18. Authorized Medical Signature: Must be signed by a physician. The stamp of a medical professional's signature is acceptable. Do not stamp the Authorized Medical Signature space with the county health department stamp.
19. Name of Clinic and Telephone Number: May be stamped. Because pre-printed blue slips will be used infrequently, please do not stamp them in advance.
20. Date: Date the Temporary Medical Exemption was filled out.

**PERMANENT MEDICAL EXEMPTION
(Back of Blue Slip)**

County health departments may not issue a Permanent Medical Exemption unless there is a physician on site.

21. Vaccine(s) to be deferred: The type of vaccine(s) contraindicated must be documented. Other vaccines given must be documented on the front of the blue slip with an expiration date assigned to those not contraindicated.
22. Authorized Medical Signature: Must be signed by a physician. Stamp is not acceptable.
23. Name of Clinic and Telephone Number: May be stamped. Because pre-printed blue slips will be used infrequently, please do not stamp them in advance.
24. Date: Date the Permanent Medical Exemption was filled out.

Alabama Department of Public Health

CERTIFICATE OF IMMUNIZATION

2. _____
Child's Name (first, middle, last)

3. | |
Birthdate

4. _____
Parent/Guardian Name (first, middle, last)

1. | |
Date of Expiration
(Next required immunization)

Unless specifically exempted by law, Alabama law (Code of Alabama 1975, Section 16-30-4) requires a certificate on file for each child in attendance in all schools and licensed child care facilities in Alabama. Instructions for this form and immunization requirements by age are detailed via the ADPH website at www.adph.org/immunization.

VACCINE	DOSE 1 DATE			DOSE 2 DATE			DOSE 3 DATE			DOSE 4 DATE			DOSE 5 DATE			DOSE 6 DATE			Total Doses 11.	Confirmed Lab		History	
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY		MM	YY	MM	YY
Required Vaccines for School or Child Care Attendance																							
DTP, DTaP, DT, Td, Tdap	5.																						
IPV, OPV	6.																						
Hib (Under Age 5)	7.																						
Measles	8.																						
Mumps																							
Rubella																							
Varicella	9.																			10.		10.	
12. Recommended Vaccines																							
Hep A																							
Hep B																							
HPV																							
MCV or MPSV																							
PCV																							
Rotavirus																							

Notes:
A licensed physician or qualified employee of the Alabama Dept. of Public Health is responsible for the content of this certificate. All dates must include the month, day, and year. In cases of history of disease or laboratory confirmation, the month and year of infection, or test must be filled in the appropriate box(es). **The certificate is NOT valid without the name and birthdate of the child, date of expiration, legible name and address of the physician or health department, certified by signature, and the date of issue.** A school or facility official is responsible for keeping a current valid Certificate on file for each child in attendance. **When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian.**

Printed, Typed, or Stamped Name, Address, and Telephone # of Licensed Physician or Health Dept.

13. Clinic Name: _____
Address: _____
Telephone #: () - _____

14. _____
Certified by (Signature)

15. | |
Date of Issue

REQUIRED VACCINES FOR SCHOOL/DAYCARE ATTENDANCE

NAME	NUMBER OF DOSES
Diphtheria/tetanus/pertussis	5 doses (4 if the 4 th dose was received after the 4 th birthday)
Polio	4 doses (3 if the 3 rd dose was received after the 4 th birthday)
Measles/Mumps/Rubella	2 doses Measles, 1 dose of Mumps, and 1 dose of Rubella
Hib	4 doses up to age 5 (daycare only)
Varicella	1 dose

Grade Requirements Varicella Vaccine

2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
K(5) - 1 st	K(5) - 2 nd	K(5) - 3 rd	K(5) - 4 th	K(5) - 5 th	K(5) - 6 th	K(5) - 7 th	K(5) - 8 th	K(5) - 9 th	K(5) - 10 th	K(5) - 11 th	K(5) - 12 th

STATE OF ALABAMA TEMPORARY MEDICAL EXEMPTION

16.

EXPIRATION DATE REQUIRED (Date next vaccine is due) <hr style="width: 100%;"/> Month Day Year
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This section of the Alabama Certificate of Immunization is to be used when vaccines are deferred for a short period of time for medical reasons. The expiration date on the other side of this certificate applies to vaccines not covered by this temporary exemption. The expiration date in this section applies to temporarily deferred vaccines only. A temporary medical exemption may be signed by a physician or nurse.

The administration of _____ 17. _____ vaccine(s) is/are medically contraindicated at this time.

AUTHORIZED MEDICAL SIGNATURE: _____ 18. _____

NAME OF CLINIC: _____ 19. _____

TELEPHONE NUMBER: _____

DATE: _____ 20. _____

STATE OF ALABAMA PERMANENT MEDICAL EXEMPTION

This section of the Alabama Certificate of Immunization is to be used when vaccines are contraindicated for medical reasons. The expiration date on the front of the certificate applies to vaccines not covered by this permanent medical exemption. This exemption must be signed by a physician or nurse practitioner.

The administration of _____ 21. _____ vaccine(s) is/are medically contraindicated at this time.

AUTHORIZED MEDICAL SIGNATURE: _____ 22. _____

NAME OF CLINIC: _____ 23. _____

TELEPHONE NUMBER: _____

DATE: _____ 24. _____