



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

<u>BOUDREAUX</u>	<u>PIPER</u>	<u>10/05/2020</u>
Last Name	First Name	MI DOB
<u>BOUDREAUX, AMANDA</u>		<u>8516502888</u>
Parent or Guardian (Last, First)	Child's SS# (optional)	State Immunization ID#

Directions:

- * For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YYYY	Dose 2 MM/DD/YYYY	Dose 3 MM/DD/YYYY	Dose 4 MM/DD/YYYY	Dose 5 MM/DD/YYYY
DTaP/DTP	A	11/16/2020	02/03/2021	04/05/2021	04/06/2022	02/07/2025
DT	B					
Tdap	P					
Td	Q					
Polio	D	11/16/2020	02/03/2021	04/05/2021	02/07/2025	Complete
HIB	E	11/16/2020	02/03/2021	04/05/2021	01/13/2022	
MMR (Combined)	F	10/06/2021	02/07/2025			
(Separate)	G,H					
		<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I					
		<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	10/05/2020	11/16/2020	04/05/2021		
Varicella	K	10/06/2021	02/07/2025			
Varicella Disease	L					
		<i>Year</i>				
PneumoConju	N	11/16/2020	02/03/2021	04/05/2021	01/13/2022	

Certificate of Immunization for K-12

PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:

COASTAL PEDIATRICS DR MLK

5601 DR ML KING JR ST NORTH

ST PETERSBURG, FL 33703

(727)525-2161

Physician or

Authorized Signature: JENNIFER KIM

Electronic Certification: M9HJT5T68HS

Date: 02/07/2025

Issued By: CAROL PRICE