



## FLORIDA CERTIFICATION OF IMMUNIZATION

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

BOUDREAUX	PIPER	10/05/2020
Last Name	First Name	MI      DOB
BOUDREAUX, AMANDA	Child's SS# (optional)	8516502888

Parent or Guardian (Last, First)

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](http://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) (Separate)	F	10/06/2021	02/07/2025			
	G,H					
		Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I					
		Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	J	10/05/2020	11/16/2020	04/05/2021		
Varicella	K	10/06/2021	02/07/2025			
Varicella Disease	L					
		Year				
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 7<sup>th</sup> 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