



CERTIFICATE EXPIRES \* \_\_\_\_\_

# SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION

(To Be Completed By A Licensed Practitioner Of Medicine,  
Surgery, Or Osteopathy, Or By His Or Her Authorized Representative)  
SC Law §44-29180

<b>Child's Name:</b> _____ <b>Date of Birth:</b> _____  Please make your next appointment for immunization _____					<b>Optional</b>  (1)  <b>Next Immunization Due Between:</b>	(2)  <b>Meets Immunization Requirements** for:</b>
<b>Hepatitis B</b>					<input type="checkbox"/> Day Care <input type="checkbox"/> School	
<b>IPV</b>					<input type="checkbox"/> Day Care <input type="checkbox"/> School	
<b>DTaP • DT</b>					<input type="checkbox"/> Day Care <input type="checkbox"/> School	
<b>Td • Tdap</b>					<input type="checkbox"/> School	
<b>Hib</b>					<input type="checkbox"/> Day Care	
<b>MMR</b>					<input type="checkbox"/> Day Care <input type="checkbox"/> School	
<b>Var</b>			Check this box <input type="checkbox"/> for a reliable history of, physician diagnosis of, or serologic immunity to chickenpox		<input type="checkbox"/> Day Care <input type="checkbox"/> School	
<b>PCV</b>					<input type="checkbox"/> Day Care	
					<input type="checkbox"/> Day Care <input type="checkbox"/> School	
					<input type="checkbox"/> Day Care <input type="checkbox"/> School	
<b>Medical Exemption</b> due to a vaccine contraindication: This immunization exemption may be permanent or temporary. If <b>permanent, check this box</b> <input type="checkbox"/> and write in the vaccine(s) for which the permanent contraindication(s) exist: _____  _____						
<b>I certify that the immunization status for the above named child is accurate.</b>						
Type or Print Certifier's Name				Certifier's Signature or Stamp		
Certifier's Telephone Number				Date Certificate Issued		
*Certificate Expires Date: Child/Student may attend day care or school for no more than one month from this date. ** Immunization Requirements for Child Day Care Attendance and School Entry are published by DHEC each January.						

Instructions for completing the South Carolina Certificate of Immunization  
(CARES DHEC 1148)

Complete the **Child's Name** and **Date of Birth**.

Enter the dates of all immunizations received previously and at the current visit, from you and from any other immunization provider on the row to the right of each vaccine.

If child has had chickenpox disease, enter a check on the row for Varicella vaccination.

**Complete Column (1): Optional**

Complete appropriate range of due dates (e.g., From 00/00/0000 To 00/00/0000) for column (1) "Next Immunization Due" by referring to:

- The current Recommended Childhood Immunization Schedule,
- The current Catch-Up Immunization Schedule, and
- The Recommended minimum ages and intervals between vaccine doses of routinely recommended vaccines (CDC)

Enter the date for next vaccination in the section, "**Please make your next appointment for immunization**".

**Complete Column (2):**

When final requirements<sup>1</sup> have been met, complete column (2) "Meets Immunization Requirements for" by checking the appropriate box or boxes:

- "School", or
- "Day Care and School" (for children  $\geq 4$  and  $< 6$ )

**CERTIFICATE EXPIRES\*:**

If the child has completed all immunizations required for "School" or for "Day Care and School" (for children  $\geq 4$  and  $< 6$ ), write the words "Not Applicable" in the upper right corner beside "Certificate Expires" If the child has completed all immunizations required for Day Care (Minimum Immunization Requirements for the Final Certificate for Day Care Attendance), check the Day Care box in Column (2) on rows where minimum requirements have been met. Then enter an expiration date of the child's 6<sup>th</sup> birthday, in the upper right corner of this form beside "Certificate Expires".

**Medical Exemption**

Complete this section if a medical contraindication exists that prevents the child from receiving one or more immunizations in a timely manner consistent with the SC DHEC Routine Childhood Immunization Schedule. List all contraindicated vaccines. If the medical exemption is temporary, be sure to put the date that the exemption ends in the upper right corner of this form beside "Certificate Expires". If the medical exemption is **temporary**, assign a "due" date in column (1) for each applicable vaccine. If the medical exemption is **permanent**, check the indicated box and write in the vaccines for which the permanent contraindication(s) exist. A child who is permitted to attend school (K-5 through 12) under a medical exemption is permitted to remain in school for **no more than one month** following the expiration date of the earliest temporary exemption. A new certificate must be presented to the school for the child to remain in attendance. Similarly, a child who is permitted to attend day care under a medical exemption can attend day care for **no more than one month** following the date the exemption expires. For day care, the date for the next immunization should be no later than the expiration date of a temporary medical exemption.

**Certification of Immunization Status**

This certificate is valid only if signed or stamped by a licensed practitioner of medicine, surgery, or osteopathy, or by his or her authorized representative. The certifier affirms that, in his or her judgment, the information on the certificate is accurate based upon the child's health records, and that, in completing the certificate, the certifier has applied the appropriate SC DHEC Immunization Requirements. Please enter all required information. There should be no dates of immunization after the issuance date of the certificate.

**Office Mechanics and Filing**

After completion by the physician or his/her authorized representative, this form is given to the patient/parent/guardian.

<sup>1</sup>Annual DHEC Publication of Schedule of Required Vaccinations, Screenings, and Immunizations for School Admittance and Day Care Attendance.