

INSTRUCTIONS FOR COMPLETING THE ALABAMA CERTIFICATE OF IMMUNIZATION

The Alabama Certificate of Immunization (IMM 50, or “blue slip”) is required for entry into day care, 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. As of August 1, 2010 (2010-2011 school year), students entering school or providing updated blue slips should have the 10/09 revised form. All students who have up to date blue slips on file will not be required to submit a new (10/09) blue slip until their blue slip expires. Instructions for completing the IMM 50 (revised 2/06) can be located in the Immunization manual.

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.

It is recommended to print the IMM 50 from ImmPRINT after vaccines are administered and entered into the billing system. The vaccines administered should be entered by the clinic nurse or the clerk depending on the available resources of each county health department. If the IMM 50 is printed prior to the administration of vaccines, all vaccines administered on that date must be entered into the billing system as soon as possible to ensure all vaccines are documented for billing and vaccine history purposes.

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: Write in the total number of doses a person has received for each vaccine.
12. Recommended Vaccines: Do not document the TB skin test in this space. The type of vaccine (HepA, Hep B, 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, stamped or printed from ImmPRINT with the private physician's name or clinic or the county health department stamp. If a stamp or ImmPRINT is used, the initials of the individual completing the form should be placed beside the stamped health department or private healthcare provider's clinic or name. Because pre-printed blue slips will be used infrequently, please do not stamp them in advance.

15. Date: Date 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 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 Permanent Medical Exemption was filled out.

**INSTRUCTIONS FOR COMPLETING THE
ALABAMA CERTIFICATE OF IMMUNIZATION
RELIGIOUS EXEMPTION IMM-52**

The Alabama Certificate of Religious Exemption from Immunization (IMM-52) is to be used for individuals requesting exemption from all vaccines or from selected vaccines. These forms are only issued by county health departments. If the IMM-52 is to be used for exemption from select vaccines, enter the vaccine name(s) in the spaces provided at the bottom of the form. An Alabama Certificate of Immunization (IMM-50) should be created for vaccines administered. The expiration on the IMM-50 should reflect the date of the next required dose of vaccine that is not listed as an exemption. If the exemption is from all vaccines, mark the space provided at the bottom of the form indicating **all vaccines**.

ALABAMA IMMUNIZATION REQUIREMENTS FOR CHILDREN

For Alabama Immunization Requirements for Children – click on the following link:
<http://www.adph.org/Immunization/assets/SchoolImmLaw.pdf>

ALABAMA DEPARTMENT OF PUBLIC HEALTH – CERTIFICATE OF IMMUNIZATION

To place an order for Certificates of Immunization, please click on the following link:
<http://adph.org/Immunization/assets/PrivatePhysicianOrderForm.pdf>