

Metropolitan Pediatrics
Official Immunization Record

Chart Number:

Tracking Schedule:

VIIS ID:

Client Name (L, F, M):

Mother's Maiden Name (L, F): ,

Birth Date:

Gender:

Race:

Ethnicity:

Client Comments:

Patient Comments:

Start Date:

End Date:

Vaccine Group	Date Admin	Series	Trade Name	Dose	Mfg Code	Lot #	Bod Rt.	Bod St.	Provider of Information	Administered By	VIS Date	React

I certify that this child is ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school, childcare or preschool prescribed by the State Board of Health's Regulations for the Immunization of School Children (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official:

Title: _____ Date (Mo./Day/Yr.): ____/____/____

MEDICAL EXEMPTION: As specified in the Code of Virginia § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap:[] ; DT/Td:[] ; OPV/IPV:[] ; Hib:[] ; Pneum:[] ; Measles:[] ; Rubella:[] ; Mumps:[] ; HBV:[] ; Varicella:[]

This contraindication is permanent: [] , or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): ____/____/____.

Signature of Medical Provider or Health Department Official:

Title: _____ Date (Mo./Day/Yr.): ____/____/____

RELIGIOUS EXEMPTION: The Code of Virginia allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. Code of Virginia § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the Code of Virginia § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official:

Title: _____ Date (Mo./Day/Yr.): ____/____/____

This is an official replication of the immunization record for the above person. Dates of immunization are either dates given or dates recorded with your physician or with the Virginia Department of Health.

Signature of Metropolitan Pediatrics staff:

Title: _____ Date (Mo., Day, Yr.): ____/____/____

COMMENTS: This record was obtained by the Virginia Immunization Information System, the statewide immunization registry, through the Virginia Department of Health. It may or may not reflect a complete immunization history.