

March 10, 2014

Dear Healthcare Provider:

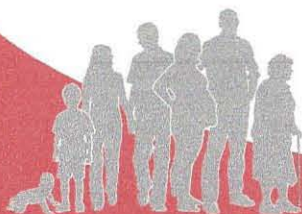
The Georgia Department of Public Health has revised the immunization requirements for children attending 7th grade to require a Tdap booster and Meningococcal conjugate vaccine (MCV4). Healthcare providers that utilize their own health information or practice management systems to generate the Certificate of Immunization (Form 3231) will be required to update their systems to produce the new Form 3231, which has a revision date of July 2014.

The following revisions have been made:

- Td moved to the DTP, DTaP, DT section in order for providers to document Td doses administered to children who are not fully immunized with DTaP vaccine series. Td Booster added to the recommended section.
- The OPV and IPV boxes have been combined to form a new box designated as Polio.
- Tdap removed from the recommended section.
- MCV/MPSV removed from the recommended section. MCV4 was added to the required section.
- (3 doses) was added to the HPV section.
- A new check box "Complete for 7<sup>th</sup> grade or higher" has been added.
- Signature stamp has been added to the Certified by section.

Standards for Issuing and Filing Certificates of Immunization (Policy Guide 3231INS) explains in detail how to complete the Certificate of Immunization (Form 3231).

Computer-generated versions of this form must contain the same information and be produced in the same format as the new form and must be approved by the Georgia Immunization



Program prior to use. If your practice plans are to continue generating the Form 3231 from your existing systems, please e-mail a copy of the form that reflects the required changes to LaTonya Thomas at [lmthomas@dhr.state.ga.us](mailto:lmthomas@dhr.state.ga.us), or fax a copy to her attention at (404) 657-1463. Once your draft version has been approved, an original copy of your form must be mailed to us. Upon receipt of the original, a written approval will be sent to you.

If approval has not been received by July 1, 2014 your practice must manually complete (by hand) the Form 3231 issued by the Georgia Immunization Program or generate the certificate from the Georgia Registry of Immunization Transactions and Services (GRITS). Versions of Form 3231 that have not been approved by the Georgia Immunization Program are not acceptable according to Georgia law.

As a reminder, Georgia Code 31-12-3.1 states, "Any person who administers a vaccine or vaccines licensed for use by the United States Food and Drug Administration to a person shall, for each such vaccination, provide to the department such data as are deemed by the department to be necessary and appropriate for purposes of the vaccination registry established pursuant to subsection (a) of this Code section, including, without limitation." We encourage your practice to take full advantage of the convenience provided by GRITS. The registry can provide your facility with the capability to track your patients' immunization histories, manage vaccine administration and inventory, print reports, and generate copies of required immunization forms such as the Form 3231. Please contact the GRITS Helpline at 1-800-483-2958 for further information on training or technical assistance.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steven Mitchell", with a stylized flourish extending to the right.

Steven Mitchell, MPH  
Georgia Immunization Program Director



## CERTIFICATE OF IMMUNIZATION

Child's Name (Last name first)

Birthdate

(Optional) Parent/Guardian Name (Last name first)

Date of Expiration

(Next required immunization  
or review of medical  
exemption due.)

(Fill in X)

Complete For K through 6th Grade

Child must be ≥ 4 years and have met all  
requirements for school attendance.

(Fill in X)

Complete For 7th Grade or higher

Fulfills requirements K through 6th grade  
AND must have Tdap and MCV4 documented

Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

VACCINE	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	DATE MM DD YY	Total Doses	Diagnosed	Serology +	History	Med. Exemption
<b>Required Vaccines for School or Child Care Attendance</b>											
DTP,DTaP, DT,Td											
Polio											
Hepatitis B											
Tdap											
MCV4											
HIB (Under Age 5)											
PCV (Under Age 5)											
Measles											
Mumps											
Rubella											
Hepatitis A (Born on/after 1/1/06)											
Varicella											
<b>Recommended Vaccines (For Information Only)</b>											
Rotavirus											
HPV (3 doses)											
Influenza											
Td booster											

## Notes:

A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant or qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es). The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, Advanced Practice Registered Nurse, Physician Assistant or health department, certified by signature and a date of issue. A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.

Printed, Typed or  
Stamped Name,  
Address and  
Telephone # of  
Licensed  
Physician  
or Health Dept.

Certified by (Signature/Signature Stamp)

Date of Issue