

# Form No. 121

## Certificate of Immunization Compliance

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Vaccine	1st MM/DD/YY	2nd MM/DD/YY	3rd MM/DD/YY	4th MM/DD/YY	5th MM/DD/YY
Pneumococcal (Childcare Only)					
Hib (Childcare Only)					
Varicella					
DTaP/DT/Td					
Polio					
MMR					
Hepatitis B					
Tdap					

- Check here if prior history of chicken pox       Medical Exemption Form 122 attached

The individual named above has met the immunization requirements for attendance or employment in a Mississippi school or child care facility as marked below.

Please check (X) one box only

Temporarily Compliant, 121 form EXPIRES: \_\_\_\_/\_\_\_\_/\_\_\_\_

Record in Transit, 121 form EXPIRES: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requirements met for child care facility attendance (until K4 entrance)

Requirements met for K4 through 6th grade attendance

Requirements met for 7th through 12th grade attendance

Requirements met for adult MMR

Date of serological confirmation of immunity

\*Varicella \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Measles \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Mumps \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Rubella \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Serological testing for the above are the only acceptable titers that will be allowed for child care and school entry for those who are not fully immunized.*

\_\_\_\_\_  
*Print or Stamp Name of Facility*      *Signature and Title of Issuing Individual or MIIX Validated*      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

