VACCINE Date Manny Manny	Patient Name_ Birth Date Record #	Administ Ahme 3/2 103-84	<u>I</u> n		1343		PEDIA DR. S. DR. M 11410	me/Address CS & ADC (LEY ROSE ONICA ROSE) N. 56TH STI A, FLORIDA] 88-6141 Statement wa	NTHAL SAI REET 13617	MS	ning be
VACCINE	I have read I had an op I believe that I ask that the	or had explaine portunity to ask at I understand	ed to me the questions the benefit	he inform s, and tho	ation abo	out this disease are	nd the vaccine. ed satisfactorily.	orized to mal	ce this requ	est).	
VACCINE	Parent/Guardian	/Patient Signature	•			Date Pa	rent/Guardian/Patle	nt Signature			10
VACCINE		VACCINE	ADMINISTE	RED		VA	CCINE				
Hep B 2	VACCINE				SOURCE			Date	Date	Patient	Admin Init
Rota 1	Нер В 1	3/3/11				_	/	,			
Rota 1 5/9/// Rota 2 7/1/// DT/DTAP 1 5/9/// DT/DTAP 2 5/9/// DT/DTAP 3 9/6//// HID 1 5/9/// HID 1 5/9/// HID 1 5/9/// HID 2 7/5/// HID 3 7/5/// HID 4 7/5/// PCV 1 5/9/// PCV 2 7/5/// PCV 3 5/9/// PCV 4 5/9/// PCV 4 5/9/// IPV 1/OPV 11 5/9/// IPV 2/OPV 21 7/5//// IPV 3/OPV 41 7/5/// MMR 1 3/0//// MMR 1 3/0//// MMR 1 3/0//// MMR 1 7/0//// MMR 1 7/0//// MMR 1 7/0//// MMR 2 7/0//// HEP A 2 7/5///// HEP A 1 HEP A 2 7/5//////// HEP Y 1 HEP Y 2 HEP Y 3 HEP Y	Нер В 2	5/4/11			1	empo-	Jan.	neb.	rast	/	
Rota 2 Rota 3 Plant DT/DTaP 1 DT/DTaP 2 DT/DTaP 3 DT/DTaP 3 DT/DTaP 4 DT/DTaP 5 Hib 1 Hib 2 Hib 3 Hib 4 Hib 4 Hib 4 Hib 4 PCV 2 PCV 1 PCV 3 PCV 4 IPV 1/OPV 31 IPV 1/OPV 31 IPV 4/OPV 41 MMR 1 MMR 2 Varicella 2 Hep A 1 Hep A 1 Hep A 2 Hep A 2 Hep A 2 Hev 1 Hev 3 Hev 1 Hev 1 Hev 2 Hev 3 Hev 1 Hev 2 Hev 3 Hev 1 Hev 2 Hev 1 Hev 2 Hev 3 Hev 1 Hev 2 Hev 1 Hev 2 Hev 1 Hev 2 Hev 3 Hev 2 Hev 3 Hev 1 Hev 2 Hev 3 Hev 2 Hev 3 Hev 1 Hev 2 Hev 3 Hev 2 Hev 3 Hev 3 Hev 1 Hev 2 Hev 3	Нер В 3	9/6/11	Kem	•			9				47-5-
Rota 3 DT/DTaP 1 SY/// DT/DTaP 2 SY/// DT/DTaP 3 SY/// DT/DTaP 3 SY/// DT/DTaP 4 DT/DTaP 4 DT/DTaP 4 DT/DTaP 5 Hib 1 Hib 2 Hib 3 Hib 4 PCV 1 PCV 2 PCV 3 PCV 3 PCV 4 SY/// PCV 3 PCV 4 IPV 1/OPV 41 MMR 1 Varicella 1 Varicella 2 Hep A 1 Hep A 2 MCV 4 Tdap HeV 1 HeV 2 HeV 3 HeV 1 HeV 1 HeV 2 HeV 3 HeV 1 HeV 2 HeV 3 HeV 1 HeV 2 HeV 3 HeV 1 HeV 1 HeV 1 HeV 1 HeV 1 HeV 2 HeV 3 HeV 3 HeV 3 HeV 3 HeV 1 HeV 2 HeV 3	Rota 1	5/4/11					and the second	6	,		
DT/DTAP 1	Rota 2	7/5/11	7			cellena	fore	. Ne	1000kg		100
DT/DTAP 2	Rota 3	9/11			120			1		e a	
DT/DTaP 4	DT/DTaP 1	514/11	1		100						
DT/DTaP 4	DT/DTaP 2	7/5/11			1						
DT/DTaP 5 Hib 1 Hib 2 Hib 3 Hib 4 Hib 5 Hib 6 Hib 7 Hib 8 Hib 1 Hib 8 Hib 1 Hib 1 Hib 2 Hib 1 Hib 2 Hib 1 Hib 1 Hib 1 Hib 1 Hib 1 Hib 1 Hib 2 Hib 1 Hib 1 Hib 2 Hib 3 Hib 3 Hib 1 Hib 2 Hib 3 Hib 3 Hib 4 Hib 2 Hib 3 Hib 4 Hib 2 Hib 3 Hib 4 Hib 2 Hib 3 Hib 4 Hib 2 Hib 3 Hib 3 Hib 4 Hib 2 Hib 3 Hib 3 Hib 4 Hib 2 Hib 3 Hib 4 Hib 4 Hib 2 Hib 3 Hib 4 Hib 4 Hib 4 Hib 2 Hib 3 Hib 4 Hi	DT/DTaP 3	9/6/11				1	1		/-	la.	
DT/DTaP 5 Hib 1 Hib 2 Hib 3 PCV 1 Hib 3 PCV 1 PCV 2 PCV 3 PCV 4 PCV 7 PCV 7 PCV 8 PCV 1 PV 2/OPV 28 PCV 8 PCV 8 PCV 8 PCV 9 PC	DT/DTaP 4	0/14/12	150	5.			/				
Hib 1		1011110	1	1							
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Hib 3 Hib 4 PCV 1 PCV 2 PCV 3 JEL/1/ PCV 4 JEL/1/ JEV 1/OPV 15 JEV 1/OPV 25 JEV 1/OPV 35 JEV 1/OPV 35 JEV 1/OPV 35 JEV 1/OPV 35 JEV 1/OPV 36 JEV 1/OPV 37 JEV 1/OPV 37 JEV 1/OPV 38 JEV 1/OPV 38 JEV 1/OPV 48 JEV 1/OPV 10		7/3/11			4	1.			11		
Hib 4 PCV 1 PCV 2 PCV 3 PCV 3 PCV 4 PCV 4 PCV 7 PCV 3 PCV 4 PV 1/OPV 12 PV 2/OPV 21 PV 3/OPV 31 PV 4/OPV 44 MMR 1 Varicella 1 Varicella 2 Hep A 1 Hep A 2 MCV4 Tdap HPV 1 HPV 2 HPV 3 HPV		9/2/11			1 7 3	1	23	14	1		
PCV 1 PCV 2 PCV 3 PCV 4 PCV 7 PCV 4 PCV 4 PCV 4 PCV 4 PCV 4 PCV 6 PCV 6 PCV 6 PCV 6 PCV 7		3/6/12	1/6								8
PCV 2 PCV 3 PCV 4 PCV 7 PCV 4 PCV 7 PCV 6 PCV 6 PCV 6 PCV 7		10/11	1 x/.				J	1 1800		0 1	
PCV 3 PCV 4 BCS/7 PCV 4 BV 1/OPV 1† BV 2/OPV 2† BV 3/OPV 3† BV 4/OPV 4† MMR 1 Varicella 1 MMR 2 Varicella 2 Hep A 1 Hep A 2 Tdap HPV 1 HPV 2 HPV 3 HPV 3 HPV 3 HPV 1 HPV 2 HPV 3 HPV 3 HPV 3 HPV 3 HPV 3 HPV 1 HPV 2 HPV 3 HPV 1 HPV 2 HPV 3		13/2/1	17		-	1	1	1,			1
PCV 4 PV 1/OPV 1‡ S/e/// IPV 2/OPV 2‡ S/e/// IPV 3/OPV 3‡ S/e/// IPV 4/OPV 4‡ S/e/// MMR 1 S/O//O S/e/// Waricella 1 S/O//O S/e//O S/e		6/1/11	1/			onepe	Jone.	1251	coka		1
IPV 1/OPV 12 1/1 1/1 1/2 1		13/1/12	1/1		1	/	1	,	-		
IPV 2/OPV 28		100111	17		-			7			-
IPV 4/OPV 4\$ MMR 1 3/30/13	IDV 2/ODV 24	1394	1		1	11		//	-		-
IPV 4/OPV 4 [‡]	10V 2/OPV 2*	13/1/11	11.5		1	1				1000	-
MMR 1 3/20/13 / (10V 4/OPV 4	11/8/11	1 Ou								-
Varicella 1 2/20/12 / / / / / / / / / / / / / / / / / /	The second secon	13/2010	CI				V				
MMR 2 Varicella 2 Hep A 1 Hep A 2 MCV4 Tdap HPV 1 HPV 2 HPV 3		3/1/1/2	+			†	1,		//	+	
Varicella 2 Hep A 1 Hep A 2 MCV4 Tdap HPV 1 HPV 2 HPV 3		750/10	1/4	-	9	S Committee of the Comm	1		4-1		-
Hep A 1						+				+	
Hep A 2 9/30/17 / Cappe fine Resolved MCV4 Tdap HPV 1 HPV 2 HPV 3		2/20/2	-	7			The same is not		7	100	
MCV4 Tdap HPV 1 HPV 2 HPV 3	-	104/1	17	1	11	12.00	1.	10	1	-	-
Tdap HPV 1 HPV 2 HPV 3	-	1/20/1)	1		+ (suger.	fore !	resident	okc		-
HPV 1 HPV 2 HPV 3	MCV4	1		-	+	+	<u> </u>				
HPV 2 HPV 3				-	-	 	1				
HPV 2 HPV 3	HPV 1			-	-		1				110
HPV 3	HPV 2	19		-	4		,				
											nich,
*Site Legend: RA = Right Arm, LA = Left Arm, RT = Right Thigh, LT = Left Thigh, O = Oral, N = Nasal. † F = Federal, S = State, P = Private. ‡ OPV is no longer recommended for routine immunizations.	† F = Federal,	S = State, P = Priva	te.		_	Left Thigh, O = Ora	al, N = Nasal,			19	



FLORIDA CERTIFICATION OF IMMUNIZATION
Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

Busta	Ahmpel	3/2111
LAST NAME	FIRST NAME	MI DOB (MM/DD/YYYY)
PARENT OR GUARDIAN	CHILD'S SS# (Optional)	STATE IMMUNIZATION ID#
 Directions: Enter all appropriate doses and dates below. Sign and date appropriate certificate (A, B, or For additional information: See DH Form 156 Daycare Homes (July 2011) for information a available at: www.lmmunizeFlorida.org/school 	0-615 Immunization Guidelines - Florida	a Schools, Childcare Facilities and Family immunization requirements. Guidelines are
VACCINE DOE DOSE 1 CODE MM/DD/YYYYY	Dose 2 Dose 3	Dose 4 Dose 5 MM/DD/YYYY MM/DD/YYYY
DTAR/DTP DT A B 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75/11 9/6/11 7/5/11 9/6/11 7/5//1 9/6/11	13/6/12 3/6/12
(Separate) G, H Measles (dose) Measles (dose 2) Mumps (dose 1	Mumps (dose 2)
Hepatitis B Varicella Varicella Disease PneumoConjugate MeningoConjugate MeningoConjugate Select appropriate box(es) Certificate of Immunization for K-12 Part A-Complete DOE Code 1: Check box in immunizations are of I have reviewed the records available and to the beattendance, as documented above. Temporary Medical Exemption Part B-Temporary DOE Code 2 (For children in daycare, family dimmunizations in Part A) Invalid without expiration I certify that the above named child has received the required immunization. Additional immunizations are	Rubella (dose 2) 5 5 7 9 6 11 7 5 11 9 6 11 7 5 11 9 6 11 7 5 11 9 6 11 7 7 5 11 9 6 11 7 7 7 7	3/6/15 Tu-(2/18/13 Id has adequately been immunized for school and grades 1 through 12 who are incomplete for
Permanent Medical Exemption Part C-Permanent (For medically contraindicated immunizations, list e		
DOE Code 3 I certify the physical condition of this child is such the	nat immunizations as indicated in Part C ab	pove are medically contraindicated.
PHYSICIAN GEORIAD NAME FINT MEDICINE DR. STANLEY ROSENTHAL DR. MONICA ROSENTHAL SAMS 11410 N. 5.7H STREET TAMPA, FLORIDA 33617 813-988-5141 DH 680 7/11 Stock Number: 5740-000-0680-6	Physician or Authorized Signature: Issued by: Date:	13/14/3



FLORIDA CERTIFICATION OF IMMUNIZATION
Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

Busba		Hhmed		3/2/11			
LAST NAM	E	FIRST NAM	AE .	MI DOB (MM/DD/YYYY) STATE IMMUNIZATION ID#			
PARENT OR GUA	RDIAN	CHILD'S SS# (Op	otional)				
irections:			a distance of the second				
Enter all appropriate do Sign and date appropri For additional informati Daycare Homes (July 2	oses and dates below. ate certificate (A, B, or C) on: See DH Form 150-61 2011) for information and i unizeFlorida.org/schoolgu	5, Immunization G	uidelines - Florida S n completion and im	Schools, Childcare Formunization requirem	acilities and Family ents. Guidelines a		
ACCINE DO	DE Dose 1	Dose 2	Dose 3	Dose 4	Dose 5		
	DDE MM/DD/YYYY	MM/DP/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY		
or lota B	EM Deliminary	5/5/10	9/1/11	6/17/12			
idap P	The state of the s		or report		William Wall		
d Q	Character		A STATE OF THE STA				
Polio 8 D	5,411	7/5/11	9/6/11		April The Street		
lib #GE	514/11	7/5/11	9/6/11	3/6/12			
MMR (Combined) F	3/12/0/12	to second trans		Through the			
I flya-	H The second second		The same	A THE PARTY OF THE			
HE	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)			
N-WI	Rubella (dose 1)	Rubella (dose 2)					
	2/2/11	∠ 141d	9/6/11				
Hepatitis B	3/50/12	That is the state of the	and the same	THE THE			
Varicella Disease	MINISTER STATE OF THE PARTY OF	Petro Statement and Statement Statem	F T AND I	The First American	Market		
Validella Discuss	Year			JE HILL	Market Control		
PneumoConjugate N	5/4/11	7/5/11	9/6/11	3/6/12			
		N A		SHOW IN A			
Select appropriate box(es) Certificate of Immunization	Carried States	Hep H	9/20/12.				
Olete	ox if immunizations are com	plete for kindergarte	en entry	The state of the s			
= Obest be	immunizations are compl	ete for 7th grade	能能够是"Francis"。	THE PARTY OF THE P			
I have reviewed the records	available, and to the best of	my knowledge, the	above named child h	nas adequately been	immunized for school		
attendance, as documented	above.	11-1-14	4 TO TO				
Temporary Medical Exemp Part B-Temporary OE Code 2 (For childrimmunizations in Part A) Invalid Invalid that the above name required immunization. Add	en in daycare, family daycar	nunizations docume	ented above and has				
Permanent Medical Exemp	otion						
(For medically contraindicate	ed immunizations, list each	vaccine and state va	alid clinical reasoning	or evidence for exer	nption.)		
I certify the physical condition	n-of this child is such that im	munizations as ind	icated in Part C abov	e are medically contr	aindicated.		
	JR. STANLEY ROSENTHAL	the second second	Participation of the	1	1		
Physician or Clinic Name:	OR. MONICA ROSENTHAL S		sician or	1			
	1410 N. SJTH STREET	Auth	orized Signature:				
	AMPA, FLORIDA 33617	Issue	ed by:				
	140 4141	Date	7	2/18-	THE RESERVE AND ADDRESS.		
		Date		0 //-			

DH 680 7/11 Stock Number: 5740-000-0680-6



IILALIII					
Name of Child (Last, First, Middle)	Ahmed	y and the same		Birth Date 3/2	111
Quasa, 1		MEDICAL EVA	T TI I PRIORI	-	1
		— MEDICAL EVA	LUATION		
To be completed and signed by the The child named above has had a	e Health Care Frovider C	JNL1: voicel even en the f	-Nowing date:	12 17	8 13
The child named above has nad a	m must be within one year of	enrollment)	onowing date.	Month Da	y Year
Screening Results; Height: 39 Weight: 33		В/Р: Но	ct/Hgb: <u>//- O</u> 1	Lead: U	Trinalysis: WNC.
	tht 20/ Left 20/	Passed _	Hearing - Right	Passed Failed	Referred 🗌
	tht 20/ Left 20/	Failed Referred	Hearing – Left	Passed Failed	Referred 🗌
Gross dental (teeth and gums) Head/scalp/skin Eyes/Ears/Nose/Throat Chest/Lungs/Heart Abdomen Postural assessment	Normal Al Normal Al Normal Al Normal Al	bnormal bnormal bnormal bnormal bnormal bnormal bnormal	RC, GV6HR	Refer/Tx: Refer/Tx: Refer/Tx: Refer/Tx: Refer/Tx: Refer/Tx:	
TB risk assessment done	(Please review Ta	rgeted Testing Guidel	ines listed below.)		
This child has the following pro	bblems that may impact the Speech/Language	educational experien Physical		Behavioral 🔲 (Cognitive
Specify:	*			The second second	-
			ol a g seizures alle	ergies Specify below	w.
This child has a health cone (This form will be stored in the	dition that may require eme	ergency action at scho	accessed by both s	chool and health pe	rsonnel.)
(This form will be stored in the	e chila's Cumulative Head	in Polaci una may o			
Recommendations (Attach additions)	itional sheet if necessary):		is the constant of	and plants with	OLA MODINATION
(Please Check One) This child may participate This child may participate	fully in school activities inc in school activities includin	cluding physical educing physical education	ation. with the following 1	restriction/adaptation	ı.
(Specify reason and restriction)					
Signature/Title of Health Care	Provider	Date	Address ADOL	(Please print or star	np)
Signature		DRILY DR	STANLEY ROSEN		
			MONICA ROSEN		
Name (Please print or stamp)			110 N. 55TH STRE		
DR. S. ROS	SENTHAL		APA, FLORIDA 33	017	
Tuberculosis Targeted Testing			La Language	William St. Co.	Maria Company
Tuberculosis Infection Risk: Review the following risks and as as part of the health examination Recent immigrant Close contact to a Frequent contact HIV+ or have oth diabetes, hematol	dminister a Mantoux TB skin In Do not record administrat It (< 5 years), frequent visitor active TB case with adults at high-risk for d ler medical conditions that in ogic or any other malignancy	test if child is in one iton of any TB test or to TB endemic areas itsease, HIV+, homeles icrease the risk to progy, weight loss > 10% o	s, incarcerated, illicit ress from infection to f ideal body weight, o	t drug user o disease, e.g., chronion on immunosuppressiv	c renal failure, re medications
- Does the child ex	hibit signs/symptoms of tube present, work-up or refer for	TB disease evaluation	i tilice weeks or long	er, weight loss, loss	of appetite)?

Calendario de vacunas recomendadas para niños y adolescentes Recommended Childhood and Adolescent Immunization Schedule* UNITED STATES · 2008

Human Papillomavirus*	Meningococcal*	Hepatitis A*	Varicella*	Measies, Mumps, Rubella*	Influenza*	Inactivated Poliovirus*	Pneumococcal*	Haemophilus influenzae type b*	Diphtheria, Tetanus, Pertussis*	Rotavirus*	Hepatitis B*	Vaccine/ Age/ vacuna ▼ edad
				8				*	s*		Н ерВ	► Birth/ al nacer
											Не	nonth/ mes
						IRV	PQy	Нib	DTaP	Rota	НефВ	2 months/ meses
						V AI	PQV	- Nib	DTaP	Rota	*	4 months/ meses
							POV	Hib*	DTaP	Rota		6 months/ meses
			Vahcella	MMR	17	VAI	PCV	q:N	*		Нę	12 months/ meses
6 mi	due	НерА	ella	R	fluenza	V	y	B	10		Н ер В	15 months/ meses
aci	1	HepA (2 Doses)			Influenza (Yearly/anualmente)				DTAP			18 months/ meses
Control					almente)							19-23 months/ meses
			(h)	(3)					9			2-3 years/ años
	MCV4		Varicella	MMR	Ξ	ΙΡV			DTaP			4-6 years/ años
*		HepA Series	Vario	MN	fluenza	IP	PPV		*		Не	7-10 years/ años
(S. Sag. e.) AdH	MCV4	ries	Varicella Series	MMR Series	Influenza (Yearly/anualmente)	IPV Series			Tdap		HepB Series	11-12 years/ años
HPV Series	MCV4		ries	S	ilmente)	S			Tdap		es	13-18 years/ <i>años</i>