

One of the following must be checked corresponding to student's grade level for certificate to be valid

☐ Certificate Expires: (Date next required immunization for childcare or school is due) Child/Student may attend childcare or school for no more than one month from this date.	Childcare Requirements ☐ Meets Childcare Requirements (Not valid for school entry)	School Requirements ☐ Meets Requirements for 5K-6th grade ☐ Meets Requirements for 7th- 12th grade ☐ Certification for 7th grade immunization requirement only (Supplement to approved Certificate only)	student's grade level for certificate to be valid
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Vaccination section must be filled out based on grade level requirements.

Alt. Adult Hepatitis B1	
Polio	
DTaP/DTP/DT	
Td	
Tdap	
Hib	
MMR	
Varicella	
Pneumococcal (PCV13)	
Hepatitis A	
Rotavirus	
HPV	
Meningococcal ACWY	
Meningococcal B	
Pneumococcal (PPSV23)	-----
Influenza	
I certify that the immunization information listed in this certificate is consistent with the child's health records and meets SC DHEC immunization requirements as of the date this certificate was issued.	
Print Physician's Name	Print Authorized Representative's Name (if applicable)

³Immunization Requirements for Child Childcare Attendance and School Attendance are published by DHEC annually (see <https://www.scdhec.gov/health/vaccinations/childcare-school-vaccine-requirements>)

DHEC-4024 (05/2020)

This form should not be accepted as documentary evidence of citizenship or nationality. This is a Public Health document.
Do not electronically replicate this certificate without prior approval of the SC DHEC Immunization Division.

Do not electronically replicate this certificate

Must state **DHEC 4024** at bottom of page

Scan to get
more info from
DHEC

SCAN ME

