

RETURNING INTERNATIONAL STUDENT IMMUNIZATION 2018-2019 REQUIRED FOR SCHOOL  
ATTENDANCE

\_\_\_\_\_  
Child's Name (first, middle, last)

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Parent / Guardian Name (first, middle, last)

**Required: Annual Tuberculosis Skin Test**

\_\_\_\_\_  
Date Given MM/DD/YYYY

\_\_\_\_\_  
Date Read MM/DD/YYYY

\_\_\_\_\_  
Results/ mm Diameter

\_\_\_\_\_  
BCG Vaccination Date

If skin test result is 10 mm or more of induration (positive), written

Physician's Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

Certified by (Signature) \_\_\_\_\_

Date of Issue \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Notes:** A licensed physician is responsible for the content of this certificate.

All dates must include month, day, and year. This certificate is **NOT** valid without the name, and birth date of the student, legible name of the physician and address of the physician, certified by signature, and the date of issue. The State of Alabama requires that a valid Certificate of Immunization is on file for all enrolled students.