

Dear Parent,


South Carolina State Law requires a valid **SC Certificate of Immunization** (see example below) for school attendance. According to South Carolina Immunization Law, all students of public and private schools must meet immunization requirements for school attendance.

Please take this letter and a copy of any immunization records to a licensed health care provide or your local health department.

Department of Health and Environmental Control (DHEC)
352 Halton Road Greenville, SC 29607
Phone (864)-372-3270
Appt line (855)-472-3432

You have been issued a South Carolina Certificate of Special Exemption, which will **expire in 30 days**. If you do not return your student's valid SC Certificate of Immunization to school **before** this date, your child must be excluded from school per state law.

Thank you for your cooperation.

 **SOUTH CAROLINA CERTIFICATE OF IMMUNIZATION**
SC Law §44-29-180/SC Code of Regulations 61-8
Certificate must be completed according to form instructions
by a licensed Practitioner of Medicine, Surgery, or Osteopathy, or by his/her authorized representative.

CERTIFICATION STATUS

<input type="checkbox"/> Certificate Expires: (Date next required immunization for childcare or school is due) <small>Child/Student may attend childcare or school for no more than one month from this date.</small>	<input type="checkbox"/> Childcare Requirements <input type="checkbox"/> Meets Childcare Requirements (Not valid for school entry)	<input type="checkbox"/> School Requirements <input type="checkbox"/> Meets Requirements for 6K-8 th grade <input type="checkbox"/> Meets Requirements for 7 th -12 th grade <input type="checkbox"/> Certification for 7 th grade immunization requirement only (Supplement to approved Certificate only)	<input type="checkbox"/> Permanent List Vaccine(s): <input type="checkbox"/> Temporary Child/Student may attend childcare or school for no more than one month from this date. List Vaccine(s):
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Name: _____ Date of Birth: _____ SIMPLIFIED

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
Alt. Adult Hepatitis B ¹	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
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.

Physician's Name _____ Print Authorized Representative's Name (if applicable) _____

Facility Telephone Number _____ Signature of person completing certificate (Physician or Authorized Representative) _____

Facility Name/Address _____ Date Certificate Issued _____ Replication Approval Code _____

¹ Alternative two-dose series of approved adult hepatitis B vaccine for adolescents 11 through 16 years of age.
² Reliable history of Varicella (chickenpox) is defined as: 1) Healthcare provider diagnosis or verification of Varicella (chickenpox) disease; 2) laboratory evidence of (serumally or laboratory confirmation of disease.
Immunization Requirements for Child Childcare Attendance and School Attendance are published by DHEC annually (see <https://www.scdhs.gov/health/vaccineshow/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.

Queridos Padres,

Las leyes del Estado de Carolina del Sur requieren un **Certificado de Vacunas del estado de SC** valido (mirar ejemplos abajo) para asistir a la escuela. De acuerdo a la **Ley de Vacunación de Carolina del Sur**, todo estudiante de escuela pública o privada deben cumplir con los requisitos de inmunización para asistir a la escuela.


Por favor lleve esta carta y una copia de cualquier registro de vacunación (no importe si las vacunas son de otro país) a un proveedor de atención médica autorizado o a su departamento de salud local.

Department of Health and Environmental Control (DHEC)
(Departamento de Salud)
352 Halton Road
Greenville, SC 29607
Teléfono (864)-372-3270
Línea para Citas (855)-472-3432

Se le ha expedido un **Certificado de Exención Especial de Carolina del Sur**, que se vence en 30 días.

Si no devuelve el **Certificado de Vacunación de SC** válido de su estudiante a la escuela antes de esta fecha, su hijo debe ser excluido o prohibido de venir a la escuela según la ley estatal.

Gracias por su ayuda.

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by a licensed Practitioner of Medicine, Surgery, or Osteopathy, or by his/her authorized representative.

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Name: _____ Date of Birth: _____ SIM# ID# _____

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	_____	_____	_____	_____	_____
Alt. Adult Hepatitis B ¹	_____	_____	_____	_____	_____
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 Child's Name _____ Print Authorized Representative's Name (if applicable) _____

Facility Telephone Number _____ Signature of person completing certificate (Physician or Authorized Representative) _____

Facility Name/Address _____ Date Certificate Issued _____ Replication Approval Code _____

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³Immunization Requirements for Child Childcare Attendance and School Attendance are published by DHEC annually (see <https://www.southcarolina.gov/health/vaccination/two-dose-school-vaccination-requirements>)

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