



West Virginia Department of Health and Human Resources
Bureau for Public Health

WEST VIRGINIA PROVISIONAL CERTIFICATE OF IMMUNIZATION (VP-3 - PART A)

Child's Name Last _____ First _____ Middle _____ Date of Birth _____
Month _____ Day _____ Year _____ Parent or Legal Guardian _____

Doctor: Part "A" of this form is used only if the child has received all required immunizations listed below.
If not, see the reverse side.

DTP/DTaP/DT: _____ Series Complete: Yes _____ No _____
Date _____ Date _____ Date _____ Date _____

Polio: _____ Series Complete: Yes _____ No _____
Date _____ Date _____ Date _____ Date _____

Hib: _____
Date _____ Date _____ Date _____

Prevnar: _____
Date _____ Date _____ Date _____

Hepatitis B: _____
Date _____ Date _____ Date _____

MMR: _____
Date _____ Date _____

Varicella: _____
Date _____ Date _____ of history _____
of chickenpox _____ Date _____

Tuberculin Test _____
Date _____
Results: Positive _____ Negative _____
Certified by: _____
Physician or Health Department _____

All appropriate doses and dates including birth date must be entered and the certificate signed below by a physician or authorized person and dated in order for the child to attend school.

I have reviewed the records available and to the best of my knowledge the above named child has been adequately immunized against Diphtheria, Tetanus, Pertussis, Polio, Measles and Rubella as required by West Virginia Law for school attendance.

Physician or Clinic Name (Please Print) _____ Physician or Authorized Signature _____ Date _____