

Clinic Locations for Vaccines (Lugares donde obtener vacunas)

- **Norcross Health Center - CENTRO DE SALUD DE NORCROSS:**
 - From 8AM – 3:30 PM , NO appointment needed (No necesita cita)
 - 5030 Georgia Belle CT, Norcross GA 30093 (770-638-5700)
- **Lawrenceville Health Center - CENTRO DE SALUD DE LAWRENCEVILLE:**
 - From 8AM-5PM, PLEASE CALL TO MAKE APPOINTMENT. (Necesita llamar y hacer cita)
 - 455 Grayson Hwy, Lawrenceville, GA 30046 (770-339-4283)
- **CENTRO MEDICO HISPANO “LA CASITA VERDE”**
 - CALL TO MAKE APPOINTMENT. (Necesita llamar y hacer cita)
 - 1942 Beaver Ruin Road, Norcross, GA 30071 (770-674-0501)
- **Mercy Care Chamblee**
 - From: 7:00am – 5:00pm
 - 5134 Peachtree Road, Chamblee, GA 30341 (678-872-7100)
- **Good Samaritan Health Center of West Gwinnett**
 - 5949 Buford Hwy., Norcross, GA 30071 Call 678-280-6630
 - (Sliding scale fees for uninsured/underinsured)
- **Good Samaritan Health Center of East Gwinnett**
 - 1175 Commercial Court, Norcross, GA 30093 Call 770-806-0162
 - (Sliding scale fees for uninsured/underinsured)
- **Southside Medical Center**
 - 5127 Jimmy Carter Blvd. Norcross, GA 30093 (404) 688-1350
 - (Sliding scale fees for uninsured/underinsured)
- **Gwinnett Clinic**
 - 475 Philip Blvd Lawrenceville, GA 30046 (770) 995-3300
- **CVS**
 - <https://www.cvs.com/minuteclinic/clinic-locator/ga/>
- **Walgreens**
 - https://www.walgreens.com/pharmacy/immunization/immunization_index.jsp
- **Publix**
 - <https://ww4.publix.com/pharmacy-wellness/pharmacy/pharmacy-services/vaccination>
- **Walmart**
 - <https://www.walmart.com/account/login?returnUrl=/pharmacy/clinical-services/immunization>

SAMPLE FORM 3231

Rev. 07/2014

Georgia Department of Public Health

Form 3231

CERTIFICATE OF IMMUNIZATION

Child's Name (Last name first) _____

Birthdate _____

(Optional) Parent/Guardian Name (Last name first) _____

<p>Date of Expiration _____</p> <p><small>(Next required immunization or review of medical exemption due.)</small></p>	<p style="text-align: right;"><input type="checkbox"/> (Fill in X)</p> <p>Complete For K through 6th Grade</p> <p><small>Child must be ≥ 4 years and have met all requirements for school attendance.</small></p> <p style="text-align: right;"><input type="checkbox"/> (Fill in X)</p> <p>Complete For 7th Grade or higher</p> <p><small>Fulfills requirements K through 6th grade AND must have Tdap and MCV4 documented</small></p>
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Unless specifically exempted by law, Georgia law (O.C.G.A. § 20-2-771) requires a certificate on file for each child in attendance in any school or child care facility in Georgia with penalties for failure to comply. Detailed instructions for this form and immunization requirements by age are spelled out in policy guides 3231INS and 3231REQ distributed by the Georgia Immunization Office.

VACCINE	DATE			DATE			DATE			DATE			DATE			Total Doses	Diagnosed	Serology +	History	Med. Exemption
	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY					
Required Vaccines for School or Child Care Attendance																				
DTP,DTaP, DT,Td																				
Polio																				
Hepatitis B																				
Tdap																				
MCV4																				
HIB																				
<small>(Under Age 5)</small>																				
PCV																				
<small>(Under Age 5)</small>																				
Measles																				
Mumps																				
Rubella																				
Hepatitis A																				
<small>(Born on/after 1/1/06)</small>																				
Varicella																				
Recommended Vaccines (For Information Only)																				
Rotavirus																				
HPV (3 doses)																				
Influenza																				
Td (booster)																				

Notes:
 A licensed Georgia physician, Advanced Practice Registered Nurse, Physician Assistant or qualified employee of a local Board of Health or the State Immunization Office is responsible for the content of this certificate. All dates must include month, day and year. In cases of natural immunity or Medical Exemption, the 4 digit year of infection, test or exemption must be filled in the appropriate box(es). *The certificate is NOT valid without name and birthdate of the child, date of expiration OR "X" in Complete for School Attendance box, legible name and address of the physician, Advanced Practice Registered Nurse, Physician Assistant or health department, certified by signature and a date of issue.* A school or facility official is responsible for keeping a current valid certificate on file for each child in attendance. A certificate must be replaced within 30 days after expiration. *When a child leaves or transfers to another facility, the Certificate of Immunization should be given to a parent/guardian or sent to the new facility.*

Printed, Typed or
 Stamped Name,
 Address and
 Telephone # of
 Licensed
 Physician
 or Health Dept.

Certified by (Signature/Signature Stamp) _____

Date of Issue _____