

Alabama School Immunizations

Students enrolling in an Alabama School (day care, Head Start, public or private schools) will need to have their children's immunization records transposed to an Alabama Health Certificate (Blue Card).

The Maxwell AFB Immunization Clinic can assist with this process. Please complete the Alabama Certificate of Immunization Request (attached) and take it along with your child's immunization records to the 42 MDG Immunization Clinic located on the second floor of the Maxwell Clinic. You can also contact the immunization clinic via their org email at usaf.maxwell.42-mdg.mbx.immunizations@mail.mil.

It takes them approximately a week to complete this process. If you have additional questions regarding immunizations, contact the clinic at 334-953-4091.

You may also take your records to a local Health Department, and they should be able to transpose them as well. If you are an international student, it may be best to use the Maxwell AFB Immunization Clinic for this process, as they are familiar with children coming from overseas.

The attached form is for use at the Maxwell AFB Clinic.

Alabama Certificate of Immunization Request

The Alabama Certificate of Immunization (COI) is the replacement for the "Blue Card" it is required for all school and preschool attendance operated by the state of Alabama. If you would like to request a COI, please fill out the following information. If you have more than one child in need a COI, a separate form must be filled out for each child. **The COI will be ready for pick up 3 duty days from the time of the request.** Please ensure that you leave an accurate phone number in case the technician needs to reach you by phone.

NOTE: If your child have not received vaccines in a military MTF or received vaccines at a MTF of another branch of service, attach a copy of his/her shot record to this form.

Date: _____

CHILD'S LAST NAME:

CHILD'S FIRST NAME:

DATE OF BIRTH AND GENDER:

SPONSOR'S FULL SSN, DOD ID, OR FIN NUMBER:

MOTHER'S LAST NAME:

MOTHER'S FIRST NAME:

FATHER'S LAST NAME:

FATHER'S FIRST NAME:

ADDRESS & PHONE NUMBER: