

## CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle)

Birthdate (month/day/year)

Parent/Guardian Name (Last name, first name, middle)

Phone (please include area code xxx-xxx-xxxx)

Address

City

State

Zip Code

☐ Check here if religious exemption to immunization selected by parent/guardian☐ This child has been examined:

Certified by (Signature/Stamp)

☐ Dental Screening☐ Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDSrequired.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	DATE MM/DD/YY	Total Doses	Diagnosed (X)	+Serology (X)	History (X)	Medical Exemption (X)
Required Vaccines for School Entry (Child Care / Kindergarten)											
Hib Child Care Only (<5 years)											
Pneumococcal (PCV) Child Care Only (<5 years)											
DTP, DTaP, DT, Td											
Polio											
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used											
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011											
Measles											
Mumps											
Rubella											
Varicella											
Tdap Booster 7th Grade Entry Only											
Recommended Vaccines (Documentation Optional)											
Rotavirus											
Influenza											
Meningococcal											
HPV											

☐ A) Temporary - Expiration Date

Expiration one month after date next catch-up immunization is due.

☐ B) Child Care Up to Date

Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.

☐ C) Child Care / Pre-School / Pre-K Complete\*

Fulfills requirements for child care / pre-school &lt;5 years of age.

☐ D) Complete K-6<sup>th</sup> Grade\*Fulfills requirements, Kindergarten through 6<sup>th</sup> grade.☐ E) Complete 7<sup>th</sup> grade or higherFulfills requirements, 7<sup>th</sup> grade or higher.

\*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Printed or Stamped Name, Address, Phone of Qualified  
Healthcare Provider or Health Department:

Certified by (Signature/Stamp)

Date of Issue



# Gracie Immunizations

## Immunization Requirement Summary: Tennessee Department of Health Rule 1200-14-1-.29 (New Requirements Underlined, Effective Dates Italicized in Parentheses)

### Children enrolling in child care facilities, pre-school, pre-Kindergarten:

*Infants entering child care facilities must be up to date at the time of enrollment and are required to provide an updated certificate after completing all of the required vaccines due by 18 months of age.*

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV)
- Measles, Mumps, Rubella (1 dose of each, usually given together as MMR)
- Varicella (1 dose or history of disease)
- Haemophilus influenzae type B (Hib): age younger than 5 years only (*this requirement is resumed immediately, following suspension during a national Hib vaccine shortage 2008-2009*)
- Hepatitis B (HBV) (July 1, 2010)
- Pneumococcal conjugate vaccine (PCV): age younger than 5 years only (July 1, 2010)
- Hepatitis A: 1 dose, required by 18 months of age or older (July 1, 2010)

### Children enrolling in Kindergarten:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Hepatitis B (HBV)
- Measles, Mumps, Rubella (2 doses of each, usually given together as MMR)
- Poliomyelitis (IPV or OPV): final dose on or after the 4<sup>th</sup> birthday now required
- Varicella (2 doses or history of disease): previously only one dose was required (July 1, 2010)
- Hepatitis A: total of 2 doses, spaced at least 6 months apart (July 1, 2011)



### All children entering 7<sup>th</sup> grade (including currently enrolled students):

- Tetanus-diphtheria-pertussis booster ("Tdap"): not required if a Td booster dose given less than 5 years before 7<sup>th</sup> grade entry is recorded on the DTaP/Td line (*no later than October 1, 2010*)
- Verification of immunity to varicella: 2 doses or history of disease (July 1, 2010)

### Children who are new enrollees in a TN school in grades other than Kindergarten or 7<sup>th</sup>:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Measles, Mumps, Rubella (2 doses of each, usually given together as MMR)
- Poliomyelitis (IPV or OPV): final dose on or after the 4<sup>th</sup> birthday now required
- Varicella (2 doses or history of disease): previously only one dose was required
- Hepatitis B (HBV): previously only for Kindergarten, 7<sup>th</sup> grade entry

### Children with medical or religious exemption to requirements:

- **Medical:** Physician or health department authorized to indicate specific vaccines medically exempted (because of risk of harm) on the new form. Other vaccines remain required.
- **Religious:** Requires only a signed statement by the parent/guardian that vaccination conflicts with their religious tenets or practices. *If documentation of a health examination is required by the school, it must be noted by the healthcare provider on the immunization certificate. In that case, the provider should check the box that the parent has sought a religious exemption.*

**Minimum ages or dose intervals:** Tennessee follows published CDC guidelines. For vaccines with critical minimum age requirements (e.g., MMR, varicella) or minimum dose intervals, doses are considered valid if given up to 4 days before the minimum age or dose interval. Doses administered more than 4 days early are considered invalid and should be repeated as recommended.

**Alternative proof of immunity for certain diseases:** A positive serology (year of test documented) is acceptable as an alternative to immunization for measles, mumps, rubella, hepatitis A, hepatitis B or varicella. For varicella, documentation of provider diagnosed varicella (year) or provider-verified history of disease given by a parent or guardian (year) also is acceptable. By documenting a history of disease, the provider is asserting that he or she is convinced that the child has had chickenpox.