## **CERTIFICATE OF IMMUNIZATION**



Child's Name (Last name, first name, middle) Parent/Guardian Name (Last name, first name, middle)			Birthdate (m	m/dd/yy)	Section 1a. Religious Exemption Check here if religious exemption to immunization selected by parent/guardian							
					1b. Health Examination Documentation (if required)							
				This child has been examined: MM / DD / YY								
Phone (please include area code xx	x-xxx-xxxx)											
Address					Certified by (Signature/Stamp)							
					1c. Check if	needed						
City State Zip Code						- Dental Screening Vision Screening						
Unless specifically exempted by law instructions for this form and explar website ( <u>https://www.tn.gov/healt</u> (tennesseeiis.gov).	nation of require	ments are in "TI	OH Summary of I	mmunization I	Rules- Certificate I	nstructions" at t	the Tennes	see Depa	rtment of	Health		
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	Diagnosed (X)	+Serology (X)	History (X)	Medical Exemption (X)		
Section 2a. Re	equired V	accines f	or Schoo	ol or Chi	ld Care At	tendance	e (Date	s Req	uired)			
Hib Child Care Only (<5 years) Pneumococcal (PCV)												
Child Care Only (<5 years) DTP, DTap, DT, Td												
Poliomyelitis												
Hepatitis B 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								1				
Se	ection 2b.	Recomn	nended V	accines	(Document	ation Opti	onal)					
Rotavirus												
Influenza												
Meningococcal ACWY												
HPV												
Section 3. Provider Asse A) Temporary Certific Expiration date one month after of B) Up to Date for Chill Only if requirements incomplete, C) Complete for Child Fulfills all requirements for child of D) Complete K-6th Gr Fulfills requirements, Kindergarte E) Complete 7th Crand	ate - Expires late next catch-up in d Care Entry but up to date for a l Care / Pre-S are / pre-school or ade* n through 6th grade	MM / mmunization is due and <18 Mc ge. Expires at 19 n School* pre-K under 5 year	DD / YYYY a.— onths of Age nonths of age.		Section 4. (Req (MD, DO, PA, Ac	Ivanćed Practio	ce Nurse		Departm MM D			
E) Complete 7th Grad Fulfills requirements, 7th grade ou *If age 4 years and fulfills requirements												

## Vaccine Requirements for Attending Child Care Facilities, Pre-Schools and Schools in Tennessee\*

## Recommended Schedule of Required Doses for Attendance in Child Care / Pre-School / Pre-K and School

## For Children Who Started Immunizations Before Age 7 Years\*\*

Required Vaccines with footnote numbers in []	2 Months of Age	4 Months of Age	6 Months of Age	12-15 Months of Age	16-18** Months of Age	4-6 Yrs.* (School Entry)	Total Doses Required**** For Assessment of Complete For School Attendance on Immunization Certificate	
[1] Hib HbOC or	1	2	3	4			N/A for school (See Footnote [1])	
[1] Hib PRP-T or	1	2	3	3 4			N/A for school (See Footnote [1])	
[1] Hib PRP-OMP	1	2		3			N/A for school (See Footnote [1])	
[2] PCV	1	2	3	4			N/A for school (See Footnote [2])	
[3] DTP, DTaP, DT	1	2	3 4		5	5 or 4 (See Footnote [3])		
[4] Polio	1	2	3		4	5, 4 or 3 (See Footnote [4])		
[5] Hepatitis B	1	2	3			3 (See Footnote [5])		
[6] Hepatitis A				1		2	2 (See Footnote [6])	
[7] MMR				1		2	2 (See Footnote [7])	
[8] Varicella				1		2	2 (See Footnote [8])	
[9] Tdap							1 (7th grade only)	

\*These requirements were established in accordance with the current Recommended Childhood and Catch-up Immunization Schedules, United States (cdc.gov/ vaccines/schedules/hcp/child-adolescent.html). Tennessee requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

\*\*Certificates marked "Up to Date for Child Care Entry and <18 Months of Age" expire at 19 months of age. Parent/Guardian must provide an up-to-date certificate indicating "Complete for Child Care/ Pre-school" by or before 19 months of age.

\*\*\*For children starting immunizations at age 7 years or older, refer to the CDC/ACIP catch-up schedule available at: <u>https://www.cdc.gov/vaccines/schedules/hcp/imz/ catchup.html</u>

\*\*\*\*Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

[J] Tuup						I (I III glade only)			
			Minimum A	ges For Initial	Immunization /	And Minimum	Intervals Between Doses		
	Vaccine	Minimum Age For First Dose	Mininmum interval from dose 1 to 2	Minimum interval from dose 2 to 3	Minimum interval from dose 3 to 4	Minimum interval from dose 4 to 5	Do not restart any series, no matter how long since the previous dose. Doses given up to 4 days		
[1]	Hib (Primary Series)						before the minimum age or the minimum interval may be counted as valid.		
	HbOC & PRP-T	6 weeks	28 Days	28 Days	See Footnote [1]	N/A	Two different live vaccines must be given on the same day or spaced at least 28 days apart. The 4-		
	PRP-OMP	6 weeks	28 Days	See Footnote [1]	N/A	N/A	day "grace period" does not apply to the 28-day interval between live vaccines not administered at		
[2]	PCV	6 weeks	28 Days	28 Days	See Footnote [2]	N/A	the same visit.		
[3]	DTP/DTaP (DT)	6 weeks	28 Days	28 Days	6 months	See Footnote [3]			
[4]	Polio	6 weeks	28 Days	28 Days	See Footnote [4]	See Footnote [4]	For purposes of vaccine spacing: For intervals less than 4 months, 28 days = one "month" (1		
[5]	Hepatitis B	birth	28 Days	See Footnote [5]	N/A	N/A	month=4 weeks=28 days). For intervals of 4 months or longer, a "month" is a "calendar month." Ex: Six months from January 1 is July 1.		
[6]	Hepatitis A	12 months	6 months						
[7]	MMR	12 months	28 Days	N/A	N/A	N/A			
[8]	Varicella	12 months	3 months [8]	N/A	N/A	N/A			
[9]	Tdap	See Footnote [9]							
On rea me [2] Th	e dose is sufficient to meet requir ached the 5th birthday. If given on sets the appropriate schedule for th e number of doses in the PCV se	ements if it is given at a schedule, PRP-T and H ne brand used. ries depends on age at	age 15 months or late IbOC have a 3 dose p t 1st dose. Children wl	r. Hib is required for ch rimary series and a bo	hildren younger than 5 boster after age 12 mor fore 12 months of age	years attending child nths. PRP-OMP has a require a 4th dose af	the ther 3rd or 4th, should be given at least 2 months after the previous dose and not before 12 months of age. care facilities. Hib is not required for kindergarten or higher grades and is not indicated for children who have 2- dose primary schedule and a booster after 12 months. Providers are responsible for verifying that the child ter the 1st birthday. One dose is required after 12 months of age for all children aged 24-59 months with any		
[3] Th bir		th and 5th doses is 6 m The 4th dose should b	nonths: dose 4 may be	given as early as 12	months, but typically is	s given at age 15-18 m	<ul> <li>schedule for additional guidance.</li> <li>nonths. One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 4th dose was on or after the 4th not need to be repeated if administered 4 months after dose 3. Total doses of diphtheria and tetanus toxoids</li> </ul>		
	[4] The final dose of the polio vaccine series must be given on or after the 4th birthday and at least 6 months after the previous dose. If 4 doses are administered before the 4th birthday, a 5th dose should be given on or after the 4th birthday. If the 3rd dose of an all IPV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose, a 4th dose is not needed.								
[5] Th	[5] The 3rd valid dose of hepatitis B vaccine must be at least 4 months after dose 1 and 2 months after dose 2 and not before 24 weeks of age. If the 3rd dose given is not valid for all criteria, a 4th dose is necessary.								
	e dose of hepatitis A vaccine is re adergarten entry. Hepatitis A vacci				recommended schedu	ule is for two doses, 6	to 18 months apart, beginning at one year of age. Proof of two doses, at least 6 months apart, is required for		
[7] Th	7] The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine, in combination or separately. Dose 2 of MMR is routinely given at 4-6 years, but may be given as soon as 28 days after dose 1.								
[8] The varicella requirement is for 2 doses of varicella vaccine or history of disease for all students entering Kindergarten, and new entrants into a Tennessee school in any other grade. The second dose is recommended 3 or more months after the first dose, routinely at age 4-6 years; in keeping with CDC guidance, the second dose is acceptable if given at least 4 weeks after the first dose.									
[9] A s	single dose of Tdap is required for	7th grade entry. Tdap m	neets the requirement	f given any time after	the 7th birthday. If Tda	p is needed, it may be	given regardless of interval since last Td.		
DUL 440	2 (Bay 4/49)								