### **Tennessee Department of Health**

## **CERTIFICATE OF IMMUNIZATION**



Child's Name (Last name, first name, middle)  Birthd				date (mm/dd/yy)	Section 1a. Religious Exemption□						
							ere if religious e by parent/guard		on to in	nmuniz	ation
Parent/Guardian Name (Last name, first name, middle)					1b.		xamination D		ntatio	n (if req	uired)
						This child	d has been exar	nined:	MM /	DD / Y	Υ
Phone (please include area code xx	(x-xxx-xxxx)										
						Certified	by (Signature/Stan	np)			
Address					1c.	Check if	needed				
						Dental So	creening				
City State Zip Code						Vision So	reening				
Unless specifically exempted instructions for this form and											ailed
Health website (https://www.tr											IIS).
								3	3		8
VACCINE	DATE	DATE	DATE	DATE		DATE	DATE	Diagnosed (YY)	-Serology (YY)	History (YY)	al ption
	MM / DD / YY	MM / DD / YY	MM / DD / YY	MM/DD/YY	MM	I/DD/YY	MM / DD / YY	Diagno	+Serol	Histor	Medical Exemption (X)
Section 2a.	Required	Vaccines	for School	ol or Chile	d Ca	re Atte	ndance (D	ates I	Requi	red)	
Hib			AY			7					
Child Care Only (<5 years)  Pneumococcal (PCV)								1			
Child Care Only (<5 years)					4	_		_			
DTP, DTaP, DT, Td											
Poliomyelitis						V				•	
Hepatitis B Check here if 11-15 years 2-dose schedule used									YY		
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011									YY		
Measles									YY		
Mumps									YY		
Rubella		*							YY		
Varicella								YY	YY	YY	
Tdap Booster											
7 <sup>th</sup> Grade Entry Only	2h R	ecommen	ded Vacci	nes (Doci	ımeni	ation O	ntional)				
Rotavirus	ZD. IX		dea vacol	1103 (000		ation o	ptionary		_	_	
Influenza								-			
Meningococcal								-			
HPV								-			
Section 3. Provider	Accoccmor	ot (Vaalaat an	o* not volid i	f blank)	Sect	ion 4. (Red	uired) Printed or	Stampe	ed Nam	e. Addr	ess.
_				r blank)	Phoi	ne of Quali	fied Healthcare F tice Nurse or He	rovider	(MD, D	Ó, PA,	,
A) Temporary Cer  Expiration date one month	after date next catch	n-up immunization is o			Auve	inceu Frac	ace Nurse or rie	aitii Dep	artinen	υ.	
B) Up to Date for Only if requirements inc	Child Care En omplete, but up to a	try and <18 M date for age. Expires	lonths of Age s at 19 months of ag	e.							
C) Complete for C			rears of age								
D) Complete K-6 <sup>th</sup> Fulfills requirements, Kinde	Grade*		<b>~g~</b> .								
E) Complete 7 <sup>th</sup> G											
Fulfills requirements,7 <sup>th</sup> g	Fulfills requirements,7 <sup>th</sup> grade or higher.					tified by	(Signature/Stan	nn)	Data	of Issu	YYYY
*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.						iiii <del>c</del> u by (	(Signature/Staff	ι <i>Ρ)</i>	Date	บเ เรริโ	JE .

PH-4103 (Rev. 4/13) RDA-N/A

## 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 Month of Age	16-18 Month 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	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	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. Tennessee requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

\*\*For children starting immunizations at age 7 years or older, refer to the catch up schedule available at the Department of Health website or the ACIP catch-up schedule for that age available at www.cdc.gov/vaccines.

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

			Minimum Ag	es For Initial Im	munization An	d Minimum Interv	als Between Doses
Vaccine Minimum Age For First Dose		Minimum interval from dose 1 to 2			Minimum interval from dose 4 to 5	With respect to the inte	
[1]	Hib (Primary Series)						
	HbOC & PRP-T	6 weeks	1 month	1 month	See Footnote [1]	N/A	Do not restart any serie
	PRP-OMP	6 weeks	1 month	See Footnote [1]	N/A	N/A	given ≤ 4 days before t
[2]	PCV	6 weeks	1 month	1 month	See Footnote [2]	N/A	as valid.
[3]	DTP/DTaP (DT)	6 weeks	1 month	1 month	6 months	See Footnote [3]	Two different live vacci
[4]	Polio	6 weeks	1 month	1 month	See Footnote [4]	See Footnote [4]	days apart.
[5]	Hepatitis B	birth	1 month	See Footnote [5]	N/A	N/A	
[6]	Hepatitis A	12 months	6 months				
[7]	MMR	12 months	1 month	N/A	N/A	N/A	
[8]	Varicella	12 months	3 months [8]	N/A	N/A	N/A	
[9]	Tdap	See Footnote [9]					

With respect to the intervals, 1 month is a minimum of 4 weeks or 28 days.

Do not restart any series, no matter how long since the previous dose. Doses given ≤ 4 days before the minimum age or the minimum interval may be counted as valid.

Two different live vaccines must be given on the same day or spaced at least 28 days apart.

#### **Footnotes**

- [1] The number of doses of Hib depends on age at 1st dose and brand of vaccine given. The last dose in the series necessary to meet requirements, whether 3rd or 4th, should be given at least 2 months after the previous dose and not before 12 months of age. One dose is sufficient to meet requirements if it is given at age 15 months or later. Hib is required for children younger than 5 years attending child care facilities. Hib is not required for kindergarten or higher grades and is not indicated for children who have reached the 5th birthday. If given on schedule, PRP-T and HbOC have a 3 dose primary series and a booster after age 12 months. PRP-OMP has a 2-dose primary schedule and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used.
- [2] The number of doses in the PCV series depends on age at 1st dose. The last dose in the series should be given at least 2 months after the previous dose and not before 12 months of age. One dose of PCV is required for all children aged 24-59 months in child care with any incomplete schedule.
- [3] The minimum interval between the 4th and 5th doses is 6 months: dose 4 may be given as early as 12 months, but typically is given at age 15-18 months. One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 4th dose was on or after the 4th birthday, the 5th dose is not needed. The 4th dose should be administered a minimum of 6 months after the 3rd dose. However, the 4th dose does not need to be repeated if administered ≥ 4 months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- [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 and at least 6 months after the 2nd dose, a 4th dose is not needed.
- [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.
- [6] One dose of hepatitis A vaccine is required for all children in child care aged 18 months or greater. The recommended schedule 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 Kindergarten entry. Hepatitis A vaccine is not required for entry in older school grades.
- [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 1 month after dose 1.
- The varicella requirement is for 2 doses of varicella vaccine or history of disease for all students entering K or 7th grade, 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 single dose of Tdap is required for 7th grade entry. Tdap meets the requirement if given any time after the 7th birthday. If Tdap is needed, it may be given regardless of interval since last Td.