Tennessee Department of Health

CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first	name, middle)		Birth	date (mm/dd/yy)	Sec		Religious Exe				
							re if religious e by parent/guard		on to in	ımuniz	ation
Parent/Guardian Name (Last n	ame, first name, n	niddle)			1b.		camination Do		ntatio	1 (if req	uired)
						This child	l has been exan	nined:	MM /	DD / Y	Υ
Phone (please include area code xx	(x-xxx-xxxx)										
						Certified	by (Signature/Stan	np)			
Address					1c.	Check if					
						Dental Sc	reening				
City		State	Zip Code			Vision Sc	reening				
Unless specifically exempted instructions for this form and											ailed
Health website (https://www.tr											IIS).
								(3		×
VACCINE	DATE	DATE	DATE	DATE	M	DATE	DATE	Diagnosed (YY)	-Serology (YY)	History (YY)	Medical Exemption (X)
	MM / DD / YY	MM / DD / YY	MM / DD / YY	MM / DD / Y	MM	I/DD/YY	MM / DD / YY	Diagn	+Sero	Histor	Medic Exem
Section 2a.	Required	Vaccines	for School	or Chil	d Ca	re Atte	ndance (D	ates I	Requi	red)	
Hib Child Care Only (<5 years)			V			1					
Pneumococcal (PCV)								-			
Child Care Only (<5 years) DTP, DTaP, DT, Td					4	-		-			
Poliomyelitis								-			
Hepatitis B								-			
Check here if 11-15 years 2-dose schedule used					\mathbb{N}^{\times}				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 th Grade Entry Only											
7 Glade Entry Only	2b. R	ecommen	ded Vacci	nes (Doci	ument	ation O	ptional)				
Rotavirus					Т						
Influenza								1			
Meningococcal								1			
HPV								1			
Section 3. Provider	· Assessmer	nt (√ select on	e*, not valid i	f blank)		, ,	uired) Printed or Tied Healthcare F				ess,
A) Temporary Cer			DD / YYYY				tice Nurse or He				
B) Up to Date for	Child Care En	try and <18 M	onths of Age								
Only if requirements inc C) Complete for C	hild Care / Pr	e-School*		э.							
Fulfills all requirements for D) Complete K-6 ^{till}	child care / pre-scho		rears of age.								
Fulfills requirements, Kinde	ergarten through 6 th										
E) Complete 7 th G Fulfills requirements, 7 th gi		r							MM	DD	YYYY
*If age 4 years and fulfills requiren	nents for Pre-School a	and Kindergarten, che	ck BOTH Boxes C and	i D.	Cer	tified by (Signature/Stam	ıp)	Date	of Issu	ıe

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**

*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 Age	es For Initial Im	munization And	ا Inimum Ages For Initial Immunization And Minimum Intervals.	als Between Doses
Vaccine	Minimum Age For First Dose	Minimum 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	With respect to the intervals, 1 month is a minimum of 4 weeks or 28 days.
[1] Hib (Primary Series)						
HbOC & PRP-T	6 weeks	1 month	1 month	See Footnote [1]	N/A	Do not restart any series, no matter how long since the previous dose. Doses
PRP-OMP	6 weeks	1 month	See Footnote [1]	N/A	N/A	given ≤ 4 days before the minimum age or the minimum interval may be counted
[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 vaccines must be given on the same day or spaced at least 28
[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]					

Footnotes

- Ξ booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used 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 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 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
- 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
- \Box 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 2 4 months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- <u>4</u> 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 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
- \Box 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
- 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.
- 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