

CERTIFICATE OF IMMUNIZATION



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

Birthdate (mm/dd/yy)

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

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

Address

City State Zip Code

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

Certified by (Signature/Stamp)

1c. Check if needed

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/CEDS/required.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 (YY)	+Serology (YY)	History (YY)	Medical Exemption (X)
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Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)

<b>Hib</b> Child Care Only (<5 years)											
<b>Pneumococcal (PCV)</b> Child Care Only (<5 years)											
<b>DTP, DTaP, DT, Td</b>											
<b>Poliomyelitis</b>											
<b>Hepatitis B</b> <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used									YY		
<b>Hepatitis A</b> Child Care Effective 7/2010 Kindergarten Effective 7/2011									YY		
<b>Measles</b>									YY		
<b>Mumps</b>									YY		
<b>Rubella</b>									YY		
<b>Varicella</b>								YY	YY	YY	
<b>Tdap Booster</b> 7 <sup>th</sup> Grade Entry Only											

SAMPLE

2b. Recommended Vaccines (Documentation Optional)

<b>Rotavirus</b>											
<b>Influenza</b>											
<b>Meningococcal</b>											
<b>HPV</b>											

Section 3. Provider Assessment (✓select one\*, not valid if blank)

- A) Temporary Certificate - Expires** MM / DD / YYYY  
*Expiration date one month after date next catch-up immunization is due.*
  - B) Up to Date for Child Care Entry and <18 Months of Age**  
*Only if requirements incomplete, but up to date for age. Expires at 19 months of age.*
  - C) Complete for Child Care / Pre-School\***  
*Fulfills all requirements for child care / pre-school or pre-K under 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 Higher**  
*Fulfills 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.

Section 4. (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

Certified by (Signature/Stamp)

MM | DD | YYYY  
Date of Issue