



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	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)

Hib Child Care Only (<5 years)										
Pneumococcal (PCV) Child Care Only (<5 years)										
DTP, DTaP, DT, Td										
Poliomyelitis										
<input type="checkbox"/> 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 th Grade Entry Only										

2b. Recommended Vaccines (Documentation Optional)

Rotavirus										
Influenza										
Meningococcal										
HPV										

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-6th Grade***
Fulfills requirements, Kindergarten through 6th grade.
- E) Complete 7th Grade or Higher**
Fulfills requirements, 7th 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

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	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 Ages For Initial Immunization And Minimum Intervals 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)						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.
HbOC & PRP-T	6 weeks	1 month	1 month	See Footnote [1]	N/A	
PRP-OMP	6 weeks	1 month	See Footnote [1]	N/A	N/A	
[2] PCV	6 weeks	1 month	1 month	See Footnote [2]	N/A	
[3] DTP/DTaP (DT)	6 weeks	1 month	1 month	6 months	See Footnote [3]	
[4] Polio	6 weeks	1 month	1 month	See Footnote [4]	See Footnote [4]	
[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

- [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. 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.
- [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.
- [8] 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.

Immunization Requirement Summary for Child Care through 12th Grades Tennessee Department of Health Rule 1200-14-1-.29

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.

- *Haemophilus influenzae* type B (Hib): if younger than 5 years only
- Pneumococcal conjugate vaccine (PCV): if younger than 5 years only
- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV)
- Hepatitis B (HBV)
- Hepatitis A: 1 dose, required by 18 months of age or older
- Measles, Mumps, Rubella (1 dose of each, usually given together as MMR)
- Varicella (1 dose or credible history of disease)

Children enrolling in Kindergarten:

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

All children entering 7th grade (including currently enrolled students):

- Verification of immunity to varicella: 2 doses or credible history of disease
- Tetanus-diphtheria-pertussis booster ("Tdap"): required *regardless* of Td history (2013 update)

Children who are new enrollees in a TN school in grades *other* than Kindergarten or 7th:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV): final dose on or after the 4th birthday required
- Hepatitis B (HBV)
- Measles, Mumps, Rubella (2 doses of each, usually given together as MMR)
- Varicella (2 doses or credible history of disease): only one dose was required until 2010

Children with medical or religious exemption to requirements:

- **Medical:** Physician (MD, DO) or health department authorized to indicate specific vaccines medically exempted (because of risk of harm) on the new form. Other vaccines remain required. The medical reason for the exemption does not need to be provided.
- **Religious:** This exemption requires a signed statement by the parent/guardian that vaccination conflicts with their religious tenets or practices. *If* the child needs documentation of a health examination for 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 to explain why immunization information is absent or incomplete.

Minimum ages or dose intervals: Tennessee follows published CDC guidelines. For vaccines with critical minimum age requirements 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 credible history of illness 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.

Instructions for Completing Tennessee Certificates of Immunization (PH-4103, Rev. 4/13)

Q. Who can sign the Official Certificate?

A. Persons licensed in the state of Tennessee by the Board of Medical Examiners and the Board of Osteopathic Examiners, advanced practice nurses licensed by the Board of Nursing and any Tennessee health department. A *medical exemption* requires a physician or health department signature. Certificates validated for the appropriate grade level by the Tennessee immunization registry (TWIS) Immunization Certificate Validation Tool (ICVT) may be printed by any TWIS user and do not require signature.

Q. What is the TWIS Immunization Certificate Validation Tool (ICVT)?

A. The ICVT compares a child's immunizations recorded in TWIS to state requirements for preschool or school attendance. The user must specify the correct type of certificate needed (the tool will offer age-appropriate options). Certificates validated by the ICVT conform to all state requirements for the selected assessment and may be printed and provided to the parent by any TWIS user without signature. "Failed validation reports" will identify the specific missing (or invalid) doses in TWIS that require correction in order to have a valid record. Specific guidance for the use of the ICVT is available on the TWIS website.

Q. How can an Official Certificate be completed? There are three options.

A1. Hard copies are available to healthcare providers (not to parents) from local health departments or the Tennessee Immunization Program (call 615-741-7247 or 1-800-404-3006).

A2. (Preferred) Once a child's complete immunization history is entered in TWIS, the ICVT may be used to automatically evaluate and validate the Official Immunization Certificate. A validated certificate is pre-populated with all demographic, immunization, and provider information (Section 1 cannot be completed, see below) and the signature area will contain the statement "Validated by the Tennessee Immunization Information System." An original certificate number will appear in the bottom margin. No signature is required. TWIS and the ICVT are free to authorized users: visit <https://twis.tn.us>.

A3. Blank or pre-populated forms can be printed from the website of TWIS without using the ICVT or if the ICVT fails to validate the certificate. Such forms are necessary for children who require temporary certificates or a medical exemption. Pre-populated certificates include demographic information, vaccinations and provider contact information. If the TWIS record is incomplete or if none exists, users can update or create a record before printing the Certificate.

Instructions for manual completion of the Official Certificate (refer to Sample PH-4103, Rev. 4/13):

Note: a revised version was introduced in April 2013. The previous versions (Rev. 3/10 or 5/2011) are acceptable.

Child's identifying and contact details (Demographics): Upper left corner, complete as indicated.

Section 1. This section is subject to local school policy, health departments do not regulate this.

Section 1a. Religious Exemption: check this box if the Certificate is needed to provide documentation of a required health examination for a child not fully immunized for religious reasons.

Sections 1b and 1c. Health Examination Documentation (if required): Requirements set by local educational authorities. If necessary, provide date of examination and signature/stamp of the certifying healthcare provider. Also, check if dental or vision screening is needed.

Section 2a. Required Vaccines: dates of each valid dose are required (if TWIS printout has errors, write in and initial corrections).

Additional columns of required vaccine table (complete by hand):

Diagnosed: Use if clinician diagnosed varicella illness. Year (YY) of diagnosis required.

+Serology: Accepted for hepatitis B or A, MMR and varicella. Year (YY) of test required.

History: Use if parent provides credible history of varicella illness. Year (YY) of disease required.

Medical Exemption: Mark an X if a specific vaccine is medically contraindicated (valid only with a physician or Health Department signature). The medical reason does not need to be provided.

Section 2b. Recommended Vaccines (optional): Dates *not* required, for information only.

Section 3. Provider Assessment Options: Certificate is not valid if Section 3 is incorrect or blank.

Box A) Temporary Certificate – Expires [1 month after next catch up dose due]: Use *only* if a child is behind schedule on *required* vaccines. Give as many catch-up doses as possible, writing in the expiration date *1 month after* the next catch-up dose(s) is (are) due. A new certificate should be issued at each catch-up visit until required vaccinations are completed.

Box B) Up to Date for Child Care Entry and <18 Months of Age: Use when the child is younger than 18 months and age-appropriately vaccinated, but has not completed requirements. Depending on the schedule used by the healthcare provider, a child should complete requirements (Box C) between 12 and 18 months of age. Certificates with Box B marked are only valid *until* age 19 months: before then the parent or guardian must provide the child care facility with an updated certificate showing the child is complete (Box C). If a child enrolling at 12-18 months is complete, use Box C.

Box C) Complete for Child Care / Pre-School: The child has completed all requirements for child care or pre-school / pre-K. Requirements are routinely completed between 12-18 months of age.

Box D) Complete K-6th Grade: The child is at least 4 years old and has completed all requirements for enrolling in Kindergarten through 6th grade.

***Boxes C and D): Check both boxes** only if the child is at least 4 years old and has completed the requirements for pre-school (or pre-K) and Kindergarten.

Box E): Complete 7th grade or higher: Check **only** after Tdap booster dose given (normally at age 11-12 years, but could be as early as age 7) and varicella immunity is verified before 7th grade entry. For varicella, if a child without a history of disease is a current TN student and already has an immunization certificate on file, a provider may select this option and sign a certificate if only the 7th grade requirements (such as the second dose of varicella and the Tdap) are included on this form.

Section 4: Printed name, address, phone and signature or stamped signature of the *qualified* provider and date of issue.

Back Page of Official Certificate: Reference for vaccine schedule, accepted minimum intervals/ages.