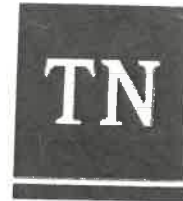


CERTIFICATE OF IMMUNIZATION



Department of Health

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 "TDH Summary of Immunization Rules- Certificate Instructions" at the Tennessee Department of Health website (<https://www.tn.gov/health/cedep/immunization-program/ip/immunization-requirements.html>) and on the Tennessee Immunization Information System (tennesseelis.gov).

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)
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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										
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011										
Measles										
Mumps										
Rubella										
Varicella									HIST	
Tdap Booster 7th Grade Entry Only										

Section 2b. Recommended Vaccines (Documentation Optional)

Rotavirus										
Influenza										
Meningococcal ACWY										
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) Name, Address, Phone of Qualified Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

Certified by (Signature/Stamp) or TennIS _____ MM | DD | YYYY
 Date of Issue