Tennessee Department of Health

CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle)			Birth	date (mm/dd/yy)	Section 1a. Religious Exemption Check here if religious exemption to immunization							
					selected I	oy parent/guard	lian					
Parent/Guardian Name (Last name, first name, middle)					1b. Health Examination Documentation (if required)							
9					This child	l has been exar	nined:	MM	/ DD	/ YY	Y	
Phone (please include area code x	xx-xxx-xxxx)											
Address						Oy (Signature/Stan	np)					
Address					1c. Check if needed							
City State Zip Code					☐ Dental Screening ☐ Vision Screening							
					Vision Sc	reening						
Unless specifically exempted Detailed instructions for this Schedule" at the Tennessee	form and explana	ation of requireme	nts are in "Instruc	tions for Comple	tion of Immunizati	on Certificates" a	nd the "	'Officia	al Imm		ition	
							ses	3	5		8	
VACCINE	DATE	DATE	DATE	DATE	DATE	DATE	Fotal Doses	() pes	Serology (YY)	y (YY	al ption (
	MM / DD / YY	MM / DD / YY	MM / DD / YY	MM / DD / YY	MM / DD / YY	MM / DD / YY	Tota	الكل) Jiagnosed	Serol	History (YY)	Medical Exemption	
Section 2a.	Required	Vaccines	for School	ol or Child	Care Atte	endance (I	Dates	Rec	uire	d)		
Hib Child Care Only (<5 years)												
Pneumococcal (PCV)		A						1				
Child Care Only (<5 years)	-							1			⊢	
DTP, DTaP, DT, Td											⊢	
Poliomyelitis										1	_	
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. R	ecommen	ded Vacci	nes (Docu	mentation O	ptional)						
Rotavirus						, ,						
Influenza								1			Н	
Meningococcal								1			Н	
HPV								1			Н	
Section 3. Provider	· Assessmer	nt (✓select or	ne*, not valid i	if blank)	• •	uired) Printed or	-		-		ss,	
A) Temporary Ce	•		DD / YYYY			ied Healthcare F tice Nurse or He		•	-	PA,		
B) Up to Date for	Child Care E	ntry and <18 N	Months of Age									
Only if requirements in C) Complete for (es at 19 months of a	ge.								
Fulfills all requirements for D) Complete K-6 th	or child care / pre-sch		years of age.									
Fulfills requirements, Kind	dergarten through 6 th	-										
Fulfills requirements,7 th	•	er							MM	DD	YYYY	
*If age 4 years and fulfills requirem		nd Kindergarten, che	ck BOTH Boxes C and	d D.	Certified by (Signature/Stan	(ar		Date	of I	Issue	

PH-4103 (Rev. 5/11)

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	2 Months	4 Months	6 Months	12-15	16-18	4-6 Yrs.*	Total Doses Required** For Checking
with footnote	of Age	of Age	of Age	Months	Months	(School	Complete For School Attendance
numbers in []				of Age	of Age	Entry)	Box on Immunization Certificate
[1] DTP, DTaP, DT	1	2	3		4	5	5 or 4 (See Footnote [1])
[2]Hepatitis B	1	2		3			3 (See Footnote [2])
[3]Hib HbOC or	1	2	3	4			N/A for school (See Footnote [3])
[3]Hib PRP-T or	1	2	3	4			N/A for school (See Footnote [3])
[3]Hib PRP-OMP	1	2		3			N/A for school (See Footnote [3])
[4]Polio	1	2		3		4	5, 4 or 3 (See Footnote [4])
[5]MMR				1		2	2 (See Footnote [5])
[6] Varicella				1		2	2 (See Footnote [6])
[7] PCV	1	2	3	4			N/A for school (See Footnote [7])
[8] Tdap							(See Footnote [8])
[9] Hepatitis A					1	2* 7/2011	(See Footnote [9])

- *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	Minimum interval	Minimum interval	Minimum interval	Minimum interval	With respect to these intervals, 1 month
	For First Dose	from dose 1 to 2	from dose 2 to 3	from dose 3 to 4	from dose 4 to 5	is a minimum of 4 weeks or 28 days.
[1] DTP/DTaP (DT)	6 weeks	1 month	1 month	6 months	See Footnote [1]	
[2] Hepatitis B	birth	1 month	See Footnote [2]	N/A	N/A	Do not restart any series, no matter how long since
[3] Hib (Primary Series)						the previous dose. Doses given ≤ 4 days before
HbOC & PRP-T	6 weeks	1 month	1 month	See Footnote [3]	N/A	the minimum age or the minimum interval may be
PRP-OMP	6 weeks	1 month	See Footnote [3]	N/A	N/A	counted as valid. Two different live vaccines must be
[4] Polio	6 weeks	1 month	1 month	See Footnote [4]	See Footnote [4]	given on the same day or spaced at least
[5] MMR	12 months	1 month	N/A	N/A	N/A	28 days apart.
[6] Varicella	12 months	3 months	N/A	N/A	N/A	
[7] PCV	6 weeks	1 month	1 month	See Footnote [7]	N/A	
[8] Tdap	See Footnote [8]					
[9] Hepatitis A	12 months	6 months				

- [1] The minimum interval between the 4th and 5th doses is 6 months: it 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.
- [2] The 3rd dose of Hepatitis B vaccine should be given a minimum of 4 months after the 1st dose and 2 months after the 2nd dose and not before 24 weeks of age.
- [3] 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
- [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 4 th birthday, a 5th dose should be given at 4-6 years. 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 MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine. The vaccines may be given as MMR or MMRV (combined antigens) or as single antigens.
- [6] The varicella requirement is for 2 doses of varicella-containing vaccine for all students entering K or 7th grade, and new entrants into a Tennessee school in any other grade. (See Side 2, Footnote [4]). These may be administered as single dose varicella or in combination as MMRV.
- [7] 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.
- [8] Tdap is required for 7th grade entry; Tdap is NOT required if a Td booster dose is recorded as given less than 5 years before 7th grade entry (on the appropriate DTaP / DT / Td line of the certificate).
- [9] 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 to be given, 6 months apart, between 12 and 24 months of age. Effective July 2011, proof of a total of two doses is required by Kindergarten entry.