

TENNESSEE DEPARTMENT OF HEALTH
TENNESSEE SCHOOL IMMUNIZATION CERTIFICATE
This form and any attachments must be filed in the child's health record.



I. IDENTIFYING INFORMATION:

Child's Name _____ Birth Date _____
 (First) (Middle) (Last)
 Parent/Guardian's Name _____ Phone No. (____) _____
 Address _____
 (Street) (City) (State) (Zip)

II. REQUIRED IMMUNIZATIONS: Children entering school (K-12) must have the following immunizations or an appropriately documented exemption:

VACCINE	DOSES	COMMENT
DTP/DTaP/DT/Td	4 or 5	A 5 th dose is not required if the 4 th dose is given after the 4 th birthday. Only 3 doses are needed if DT or Td must be used and the first dose is given after 12 months of age.
Polio	3 or 4	If the 3 rd dose is given after age 4, the 4 th dose is not required. If the child has received both OPV and IPV, a total of 4 doses are needed regardless of age.
Hepatitis B	2 or 3	Required for Kindergarten entry (3 doses) and 7 th grade. For adolescents, a 2-dose vaccine preparation is available.
MMR	2	Required on or after the 1 st birthday; first dose may be given no earlier than 4 days before the 1 st birthday.
Varicella (Chickenpox)	1	For Kindergarten entry only. Required on or after the 1 st birthday; may be given no earlier than 4 days before the 1 st birthday. Parental or physician diagnosis of chickenpox also meets requirement.

III. CURRENT IMMUNIZATION RECORD: (IF COMPLETING MANUALLY, RECORD THE DATE [MM/DD/YY] OF EACH DOSE.)

Vaccine	First	Second	Third	Fourth	Fifth
DTP/DTaP/DT/Td					
Polio (OPV/IPV)					
Hepatitis B					
Measles/Mumps/ Rubella (MMR)					
Varicella (Chickenpox)			<i>Or date of chickenpox disease:</i>		

Check here if a 2-dose hepatitis B vaccine schedule for adolescents was used: ____

IV. IMMUNIZATION CERTIFICATIONS:

A. Immunization: *This child has received the immunizations required for school attendance or has been granted a medical exemption.*
Check here if a medical exemption is granted: ____

 Medical Provider's Name (Please Print) Medical Provider's Stamp or Signature Date

B. Religious Exemption: *This child is exempt from receiving required immunizations for religious reasons. A signed statement from the parents stating, under penalty of perjury, that immunization conflicts with their religious tenets and practices is attached.*
Check here if religious exemption selected: ____

V. Health Examination: Required for children initially entering Tennessee schools in grades K-12. *This child has been examined.*
Check if needed: Dental Screening ____ Vision Screening ____

 Medical Provider's Name (Please Print) Medical Provider's Stamp or Signature Date