

TENNESSEE SCHOOL IMMUNIZATION CERTIFICATE

This form and any attachments must be filed in the child's cumulative school record.

I. IDENTIFYING INFORMATION:

Child's Name _____ Birthdate _____ SSN _____
(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 required immunizations listed below or the appropriately documented exemption:

<u>REQUIRED VACCINE</u>	<u>DOSES</u>	<u>COMMENT</u>
DTP/DTPaP/DT/TD	4	One dose must be given after age four. For those starting after age 7, only 3 doses are required.
Polio	4	If the 3rd dose is given after age 4, the 4th dose is not required. If a combination OPV and IPV is used, all 4 doses are needed regardless of age.
Hepatitis B	2 or 3	For Kindergarten entry (3 doses) and 7th grade (For adolescents, vaccines with either a 2 or 3 dose schedule are available.)
MMR	2	Given after the 1st birthday. Second dose given at least 30 days after the 1st.
Varicella (Chickenpox)	1	Given after 1st birthday. History of disease is acceptable.

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

Vaccine	First	Second	Third	Fourth	Fifth
DTP/DTPaP/DT/Td					
Polio (OPV/IPV)					
Hepatitis B (3 doses)					
Hepatitis B (2 doses)					
Measles/Mumps/Rubella (MMR)					
Varicella (Chickenpox)	<i>Or date of chickenpox disease:</i>				

IV. CERTIFICATIONS:

A. Immunization: *This child has either received the immunizations required for school attendance or has been granted a **Medical Exemption** as evidenced by the attached statement describing that exemption.*

Medical Provider's Name (Please Print)

Medical Provider's Stamp or Signature

Date

B. Health Examination: Required for children initially entering Tennessee schools (K-12).

This child has been examined. Hearing and vision are within normal limits and no other apparent medical conditions that would restrict participation in routine activities were found, except as stated below or in an attached statement.

Medical Provider's Name (Please Print)

Medical Provider's Stamp or Signature

Date

V. RELIGIOUS EXEMPTION:

This child is exempt from receiving required immunizations for religious reasons. A signed statement from the parents stating that immunization conflicts with their religious tenets and practices is attached.