



TENNESSEE DEPARTMENT OF HEALTH
TENNESSEE PRE-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 PRE-SCHOOL IMMUNIZATIONS (for children 8 weeks and older):

Vaccine	Usual Time of Immunization and Number of Doses Required			
	2 Months	4 Months	6 Months	12-18 Months
DTaP/DT	1	2	3	4
<i>H. influenzae</i> (Hib)	1	2	2 or 3 ¹	1 ² , 3 or 4
Polio	1	2	2 or 3 ³	3
Measles/Mumps/ Rubella (MMR)				1 ⁴
Varicella (Chickenpox)				1 ^{4,5}

- ¹ Dose 3 at 6 months not needed if a three dose Hib vaccine preparation is used. Two or 3 doses at 6 months is acceptable.
- ² One dose of Hib vaccine administered on or after 15 months of age completes the immunization requirement, regardless of the total number of doses.
- ³ The 3rd dose of Polio vaccine may be given at any time between 6 and 18 months of age
- ⁴ Required on or after the first birthday; may be given no earlier than 4 days before the first birthday to meet the requirement
- ⁵ Parental or physician diagnosis of chickenpox also meets requirements

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/ DTaP/ DT/ Td					
<i>H. influenzae</i> , type B (Hib)					
Polio					
Measles/ Mumps/ Rubella (MMR)					
Varicella (Chickenpox)			<i>Or date of disease:</i>		

Check here if a 3-dose Hib schedule was used: ____

IV. IMMUNIZATION CERTIFICATIONS:

A. Immunization: *This child has received the immunizations required for preschool 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 aged 8 weeks to 30 months in child care): *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