TENNESSEE DEPARTMENT OF HEALTH
TENNESSEE TEMPORARY 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:

A. Children < 8 weeks of age who are entering pre-school programs are NOT required to be immunized.
B. Children aged 2 months through 18 months are required to be age appropriately immunized at the time of enrollment into the pre-school program according to the schedule below.
C. Children aged ≥ 19 months of age are required to be fully immunized according to the schedule below.

AT LEAST ONE DOSE OF EACH VACCINE IS REQUIRED FOR TEMPORARY ATTENDANCE AT PRE-SCHOOL.

AGE	VACCINE TYPE AND NUMBER OF DOSES REQUIRED
2 Months	1 DTaP or DT; 1 Polio; 1 Hib;
4 Months	2 DTaP or DT; 2 Polio; 2 Hib;
6 months	3 DTaP or DT; 3 Polio[1]; 2 or 3 Hib[2];
12 -18 Months	3 DTaP or DT; 3 Polio; 4 Hib[3]; 1 MMR[4]; 1 Varicella[4,5]
19 Months	4 DTaP or DT; 3 Polio; 4 Hib; 1 MMR; 1 Varicella

[1] The 3rd dose of Polio vaccine is usually given at 6 months of age, but may be given as late as 18 months of age
[2] 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
[3] If Hib #1 is given at or after 15 months of age, the requirement is met
[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 requirement

NOTE TO PRE-SCHOOL OFFICIALS: *This certificate is valid until seven days after the date of the last dose due (see below). After this time, a Tennessee Pre-School Immunization Certificate (PH-3721) should be on file or this student may be excluded from pre-school until one is filed.*

III. CERTIFICATIONS:

I CERTIFY THAT THE ABOVE NAMED CHILD **HAS NOT COMPLETED** THE IMMUNIZATIONS REQUIRED FOR PRE-SCHOOL ATTENDANCE, BUT IS IMMUNIZED AS FOLLOWS:

VACCINE	CIRCLE NO. OF DOSES RECEIVED				DATE NEXT DOSE DUE	DATE NEXT DOSE DUE
DTaP/DT	1	2	3	4	_____	_____
Polio	1	2	3		_____	_____
Hib	1	2	3	4	_____	_____
MMR	1				_____	_____
Varicella	1				_____	_____

_____ _____ _____
MEDICAL PROVIDER'S NAME (please print) **PROVIDER'S SIGNATURE/STAMP** **DATE**

TWO COPIES OF THIS FORM SHOULD BE PROVIDED, ONE FOR THE PRE-SCHOOL AND ONE FOR THE PARENT.

TEMPORARY