



Tennessee Pre-School Immunization Certificate

I. IDENTIFYING INFORMATION:

II. IMMUNIZATION REQUIREMENTS (for children 8 weeks and older):

Children attending child care must be immunized age-appropriately according to the schedule approved by the Commissioner of the Department of Health. Pneumococcal conjugate vaccine, though not required, is strongly recommended to be received by all children attending child care.

Vaccine Name	Usual Time of Immunization and Number of Doses Required			
	2 Months	4 Months	6 Months	12-18 Months
DTaP	1	2	3	4
HIB	1	2	3 ¹	1 ² , 3 or 4
Hepatitis B	1	2	3 ³	3
Polio	1	2	3 ⁴	3
Measles/Mumps/ Rubella (MMR)				1 ⁵
Varicella (Chickenpox)				1 ^{5,6}

- 1 Dose 3 at 6 months not needed if three dose HIB (PedVax) or HepB/HIB (Comvax) vaccine is used. Contact the child's vaccine provider if there is a question regarding this vaccine
- 2 If HIB # 1 is given at or after 15 month of age, the requirement is met
- 3 If HepB/HIB (Comvax) vaccine is used, the 3rd dose will be administered at 12, not 6, months of age. Contact the child's vaccine provider if there is a question regarding this vaccine
- 4 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
- 5 Usually given at 12 months of age
- 6 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.):

IV. IMMUNIZATION CERTIFICATIONS:

A. Immunization: *This child has either received the immunizations required for school attendance or has been granted a medical exemption*

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 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