

Immunization Requirement Summary: Tennessee Department of Health Rule 1200-14-1-.29

(New Requirements Underlined, Effective Dates Italicized in Parentheses)

Children enrolling in child care facilities, pre-school, pre-Kindergarten:

Infants entering child care facilities must be up to date at the time of enrollment and are required to provide an updated certificate after completing all of the required vaccines due by 18 months of age.

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV)
- Measles, Mumps, Rubella (1 dose of each, usually given together as MMR)
- Varicella (1 dose or history of disease)
- Haemophilus influenzae type B (Hib): age younger than 5 years only (*this requirement is resumed immediately, following suspension during a national Hib vaccine shortage 2008-2009*)
- Hepatitis B (HBV) (*July 1, 2010*)
- Pneumococcal conjugate vaccine (PCV): age younger than 5 years only (*July 1, 2010*)
- Hepatitis A: 1 dose, required by 18 months of age or older (*July 1, 2010*)

Children enrolling in Kindergarten:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Hepatitis B (HBV)
- Measles, Mumps, Rubella (2 doses of each, usually given together as MMR)
- Poliomyelitis (IPV or OPV): final dose on or after the 4th birthday now required
- Varicella (2 doses or history of disease): previously only one dose was required (*July 1, 2010*)
- Hepatitis A: total of 2 doses, spaced at least 6 months apart (*July 1, 2011*)

All children entering 7th grade (including currently enrolled students):

- Tetanus-diphtheria-pertussis booster ("Tdap"): not required if a Td booster dose given less than 5 years before 7th grade entry is recorded on the DTaP/Td line (*no later than October 1, 2010*)
- Verification of immunity to varicella: 2 doses or history of disease (*July 1, 2010*)

Children who are new enrollees in a TN school in grades other than Kindergarten or 7th:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Measles, Mumps, Rubella (2 doses of each, usually given together as MMR)
- Poliomyelitis (IPV or OPV): final dose on or after the 4th birthday now required
- Varicella (2 doses or history of disease): previously only one dose was required
- Hepatitis B (HBV): previously only for Kindergarten, 7th grade entry

Children with medical or religious exemption to requirements:

- **Medical**: Physician or health department authorized to indicate specific vaccines medically exempted (because of risk of harm) on the new form. Other vaccines remain required.
- **Religious**: Requires only a signed statement by the parent/guardian that vaccination conflicts with their religious tenets or practices. *If documentation of a health examination is required by the school, it must be noted by the healthcare provider on the immunization certificate. In that case, the provider should check the box that the parent has sought a religious exemption.*

Minimum ages or dose intervals: Tennessee follows published CDC guidelines. For vaccines with critical minimum age requirements (e.g., MMR, varicella) or minimum dose intervals, doses are considered valid if given up to 4 days before the minimum age or dose interval. Doses administered more than 4 days early are considered invalid and should be repeated as recommended.

Alternative proof of immunity for certain diseases: A positive serology (year of test documented) is acceptable as an alternative to immunization for measles, mumps, rubella, hepatitis A, hepatitis B or varicella. For varicella, documentation of provider diagnosed varicella (year) or provider-verified history of disease given by a parent or guardian (year) also is acceptable. By documenting a history of disease, the provider is asserting that he or she is convinced that the child has had chickenpox.

Instructions for Healthcare Providers Completing Tennessee Certificates of Immunization

Q. Who can sign the Official Certificate?

A. Persons licensed in the state of Tennessee by the Board of Medical Examiners and the Board of Osteopathic Examiners, advanced practice nurses licensed by the Board of Nursing and any health department. Certificates with *medical exemptions* require a physician or health department signature.

Q. How can an Official Certificate be completed?

A1. Forms for manual completion are available to healthcare providers (not to parents) from local health departments or the Tennessee Immunization Program (call 615-741-7247 or 1-800-404-3006).

A2. (Preferred) Forms can be printed from the website of the Tennessee Web Immunization System (TWIS) by all authorized users. There is no charge to use TWIS: go to <https://twis.tn.us> for more information. Such forms will include all information on the child, vaccinations and provider contact information pre-printed when the Certificate is downloaded. Staff can create a record for a child not in TWIS or can enter doses in TWIS, if any are missing, before printing out the Certificate.

Completion of the Official Certificate (refer to sample Certificate)

Child's identifying and contact details: Upper left corner, complete as indicated (*pre-printed by TWIS*)

Religious Exemption: Upper right, check box to indicate reason for absence of immunization information when completing the Certificate to provide documentation of a required health examination.

Health Examination Documentation (if required): Requirements vary by school system. If necessary, provide date of examination and signature/stamp of the certifying healthcare provider. Also, check if dental or vision screening is needed.

Required Vaccines: Middle of Certificate, dates (mm/dd/yy) of each dose (*pre-printed by TWIS*)

Additional columns, right side of Required Vaccines table (completed manually):

Total Doses: Must be completed. Write in total number of doses of each vaccine given.

Diagnosed: Alternative to immunization for varicella only, write year (YY) of diagnosis

+Serology: Alternative to immunization acceptable for hepatitis B, A, MMR and Varicella, write year (YY) of test.

History: Alternative to immunization for varicella only, write year (YY) of disease

Medical Exemption: Mark an X as an alternative to immunization if a specific vaccine is medically contraindicated (completed by a physician or Health Department only)

Recommended Vaccines (optional): For other routinely recommended vaccines (*pre-printed by TWIS*)

Bottom Left Box ("This section must be completed by provider"): Certificate must have at least one of the boxes checked. Certificates issued without a checked box will not be accepted.

Box A) Temporary: The child is behind schedule. The provider should give as many catch-up doses as possible and issue a temporary certificate, writing in an expiration date *1 month after* the next catch-up dose(s) is (are) due. A new certificate should be issued until the child is caught up.

Box B) Child Care Up to Date: The child is younger than 18 months and up to date for age at enrollment, but has not completed all requirements that should be met before age 19 months. Depending on the schedule used by the healthcare provider, a child should complete all requirements (and be eligible for Box C) between 12 and 18 months of age. Certificates with Box B marked are only valid until age 19 months; by then the parent or guardian must provide the child care facility with an updated certificate (Box C).

Box C) Child Care / Pre-School / Pre-K Complete: The child has completed all requirements for child care or pre-school / pre-K. These doses are routinely completed between 12-18 months of age.

Box D) Complete K-6th Grade: The child is age 4 years or older and has completed all requirements for Kindergarten entry.

***Boxes C and D): Check both** only if the child is 4 years old and has completed requirements for pre-Kindergarten / pre-school and Kindergarten.

Box E): Complete 7th grade or higher: Check **only** after Tdap booster dose given (typically at age 11-12 years) and varicella immunity verified before 7th grade entry (if child has an existing certificate on file, only 7th grade requirements need to be on form).

Bottom Right Box: Provide contact information, certification signature/stamp of qualified provider and date of issue, as instructed. (*contact information of provider pre-printed by TWIS*)

Back Page of Official Certificate: Reference for vaccine schedule, accepted minimum intervals/ages.



CERTIFICATE OF IMMUNIZATION

Child's Name (Last name, first name, middle) _____

Birthdate (mm/dd/yy) _____

Parent/Guardian Name (Last name, first name, middle) _____

Phone (please include area code xxx-xxx-xxxx) _____

Address _____

City _____ State _____ Zip Code _____

Religious Exemption

Check here if religious exemption to immunization selected by parent/guardian

Health Examination Documentation (if required)

This child has been examined: MM / DD / YY

Certified by (Signature/Stamp)

Check if needed

Dental Screening
 Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	Total Doses	Diagnosed (YY)	+Serology (YY)	History (YY)	Medical Exemption (X)
Required Vaccines for School or Child Care Attendance											
Hib Child Care Only (<5 years)											
Pneumococcal (PCV) Child Care Only (<5 years)											
DTP, DTaP, DT, Td											
Poliomyelitis											
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used									YY		
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011									YY		
Measles									YY		
Mumps									YY		
Rubella									YY		
Varicella								YY	YY	YY	
Tdap Booster 7 th Grade Entry Only											
Recommended Vaccines (Documentation Optional)											
Rotavirus											
Influenza											
Meningococcal											
HPV											

This section must be completed by provider (✓select one*)

- A) Temporary - Expiration Date** _____ MM / DD / YYYY
Expiration one month after date next catch-up immunization is due.
 - B) Child Care Up to Date**
Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.
 - C) Child Care / Pre-School / Pre-K Complete***
Fulfills requirements for child care / pre-school <5 years of age.
 - D) Complete K-6th Grade***
Fulfills requirements, Kindergarten through 6th grade.
 - E) Complete 7th grade or higher**
Fulfills requirements, 7th grade or higher.
- *If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department: _____

Certified by (Signature/Stamp) MM | DD | YYYY
Date of Issue

Vaccine Requirements for Attending Child Care Facilities, Pre-Schools and Schools in Tennessee*

Recommended Schedule of Required Doses for Attendance in Child Care / Pre-School / Pre-K and School For Children Who Started Immunizations Before Age 7 Years**

Required Vaccines with footnote numbers in []	2 Months of Age	4 Months of Age	6 Months of Age	12-15 Month of Age	16-18 Month of Age	4-6 Yrs.* (School Entry)	Total Doses Required*** For Checking Complete For School Attendance Box on Immunization Certificate
[1] Hib HbOC or	1	2	3	4			N/A for school (See Footnote [1])
[1] Hib PRP-T or	1	2	3	4			N/A for school (See Footnote [1])
[1] Hib PRP-OMP	1	2		3			N/A for school (See Footnote [1])
[2] PCV	1	2	3	4			N/A for school (See Footnote [2])
[3] DTP, DTaP, DT	1	2	3	4	5		5 or 4 (See Footnote [3])
[4] Polio	1	2		3		4	5, 4 or 3 (See Footnote [4])
[5] Hepatitis B	1	2		3			3 (See Footnote [5])
[6] Hepatitis A					1	2* 7/2011	(See Footnote [6])
[7] MMR				1		2	2 (See Footnote [7])
[8] Varicella				1		2	2 (See Footnote [8])
[9] Tdap							(See Footnote [9])

*These requirements were established in accordance with the current Recommended Childhood and Catch-Up Immunization Schedules, United States. Tennessee requirements for Kindergarten (5 years) include doses indicated for 4-6 years.

**For children starting immunizations at age 7 years or older, refer to the catch up schedule available at the Department of Health website or the ACIP catch-up schedule for that age available at www.cdc.gov/vaccines.

***Children who are behind schedule may attend while in the process of completing the requirements with minimum intervals as indicated below.

Minimum Ages For Initial Immunization And Minimum Intervals Between Doses

Vaccine	Minimum Age For First Dose	Minimum interval from dose 1 to 2	Minimum interval from dose 2 to 3	Minimum interval from dose 3 to 4	Minimum interval from dose 4 to 5	With respect to these intervals, 1 month is a minimum of 4 weeks or 28 days.
[1] Hib (Primary Series) HbOC & PRP-T PRP-OMP	6 weeks 6 weeks 6 weeks	1 month 1 month	1 month See Footnote [1]	See Footnote [1] N/A	N/A N/A	Do not restart any series, no matter how long since the previous dose. Doses given ≤ 4 days before the minimum age or the minimum interval may be counted as valid. Two different live vaccines must be given on the same day or spaced at least 28 days apart.
[2] PCV	6 weeks	1 month	1 month	See Footnote [2]	N/A	
[3] DTP/DTaP (DT)	6 weeks	1 month	1 month	6 months	See Footnote [3]	
[4] Polio	6 weeks	1 month	1 month	See Footnote [4]	See Footnote [4]	
[5] Hepatitis B	birth	1 month	See Footnote [5]	N/A	N/A	
[6] Hepatitis A	12 months	6 months				
[7] MMR	12 months	1 month	N/A	N/A	N/A	
[8] Varicella	12 months	3 months	N/A	N/A	N/A	
[9] Tdap	See Footnote [9]					

Footnotes

- The number of doses of Hib depends on age at 1st dose and brand of vaccine given. The last dose in the series necessary to meet requirements, whether 3rd or 4th, should be given at least 2 months after the previous dose and not before 12 months of age. One dose is sufficient to meet requirements if it is given at age 15 months or later. Hib is required for children younger than 5 years attending child care facilities. Hib is not required for kindergarten or higher grades and is not indicated for children who have reached the 5th birthday. If given on schedule, PRP-T and HbOC have a 3 dose primary series and a booster after age 12 months. PRP-OMP has a 2-dose primary schedule and a booster after 12 months. Providers are responsible for verifying that the child meets the appropriate schedule for the brand used.
- The number of doses in the PCV series depends on age at 1st dose. The last dose in the series should be given at least 2 months after the previous dose and not before 12 months of age. One dose of PCV is required for all children aged 24-59 months in child care with any incomplete schedule.
- The minimum interval between the 4th and 5th doses is 6 months: it may be given as early as 12 months, but typically is given at age 15-18 months. One dose of DTP/DTaP/DT must be on or after the 4th birthday. If the 4th dose was on or after the 4th birthday, the 5th dose is not needed. The 4th dose should be administered a minimum of 6 months after the 3rd dose. However, the 4th dose does not need to be repeated if administered ≥ 4 months after dose 3. Total doses of diphtheria and tetanus toxoids should not exceed 6 before the 7th birthday.
- The final dose of the polio vaccine series must be given on or after the 4th birthday and at least 6 months after the previous dose. If 4 doses are administered before the 4th birthday, a 5th dose should be given at 4-6 years. If the 3rd dose of an all IPV or all OPV series is given on or after the 4th birthday and at least 6 months after the 2nd dose, a 4th dose is not needed.
- The 3rd dose of Hepatitis B vaccine should be given a minimum of 4 months after the 1st dose and 2 months after the 2nd dose and not before 24 weeks of age.
- One dose of Hepatitis A vaccine is required for all children in child care aged 18 months or greater. The recommended schedule is for two doses to be given, 6 months apart, between 12 and 24 months of age. Effective July 2011, proof of a total of two doses is required by Kindergarten entry.
- The MMR requirement is 2 doses of measles vaccine, 2 doses of mumps vaccine and 2 doses of rubella vaccine. The vaccines may be given as MMR or MMRV (combined antigens) or as single antigens.
- The varicella requirement is for 2 doses of varicella-containing vaccine or history of disease for all students entering K or 7th grade, and new entrants into a Tennessee school in any other grade. These may be administered as single dose varicella or in combination as MMRV.
- Tdap is required for 7th grade entry; Tdap is NOT required if a Td booster dose is recorded as given less than 5 years before 7th grade entry (on the appropriate DTaP / DT / Td line of the certificate).