

Immunization Requirement Summary for Child Care through 12th Grades Tennessee Department of Health Rule 1200-14-1-.29

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

Infants entering child care 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 no later than 18 months of age.

- Haemophilus influenzae type B (Hib): if younger than 5 years only
- Pneumococcal conjugate vaccine (PCV): if younger than 5 years only
- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV)
- Hepatitis B (HBV)
- Hepatitis A: 1 dose, required by 18 months of age or older
- Measles, Mumps, Rubella (1 dose of each, normally given together as MMR)
- Varicella (1 dose or credible history of disease)

Children enrolling in Kindergarten:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV): final dose on or after the 4th birthday required
- Hepatitis B (HBV)
- Hepatitis A: total of 2 doses, spaced at *least* 6 months apart (recommended 6-18 months apart)
- Measles, Mumps, Rubella (2 doses of each, usually given together as MMR)
- Varicella (2 doses or history of disease)

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

- Verification of immunity to varicella: 2 doses or credible history of disease
- Tetanus-diphtheria-pertussis booster ("Tdap"): evidence of one Tdap dose given any time before 7th grade entry is required *regardless* of Td history (2013 update)

Children who are new enrollees in a TN school in grades *other* than Kindergarten:

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV): final dose on or after the 4th birthday required
- Hepatitis B (HBV)
- Measles, Mumps, Rubella (2 doses of each, normally given together as MMR)
- Varicella (2 doses or credible history of disease)
- New students entering grades other than 7th grade are not required to have Tdap

Children with medical or religious exemption to requirements:

- **Medical:** Physician (MD, DO) or Public Health Nurse authorized to indicate specific vaccines medically exempted (because of risk of harm) on the new form. Other vaccines remain required. **The medical reason for the exemption does not need to be provided.**
- **Religious:** This exemption requires a signed statement by the parent/guardian that vaccination conflicts with their religious tenets or practices. If the child needs documentation of a health examination for 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** to explain why immunization information is absent or incomplete.

Minimum ages or dose intervals: Tennessee follows published CDC guidelines. For vaccines with critical minimum age requirements 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.

Injectable or nasally administered live vaccines not administered on the same day should be administered at least 4 weeks apart. The 4-day "grace period" should not be applied to the 28-day interval between injectable or nasally administered live vaccines not administered at the same visit. If injectable or nasally administered live vaccines are separated by less than 4 weeks, the second vaccine administered should not be counted as a valid dose and should be repeated. The repeat dose should be administered at least 4 weeks after the last invalid dose.

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 credible history of illness 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 Completing Tennessee (TN) Certificates of Immunization (PH-4103, Rev. 5/14)

Q. Who can sign the Official Certificate? Is there an option that does not require a signature?

A. Certificates may be signed by persons licensed by the TN Board of Medical Examiners or the Board of Osteopathic Examiners (MD, DO, PA), advanced practice nurses (APNs) licensed by the TN Board of Nursing, or Public Health Nurses (PHN) in a TN health department. A *medical exemption* requires the signature of a physician or PHN. Any user of the TN Immunization Information System (“Registry”) may produce and print Certificates validated for the appropriate grade level using the Registry’s Immunization Certificate Validation Tool (ICVT); the ICVT certificates do not require a signature.

Q. What is the Registry Immunization Certificate Validation Tool (ICVT)?

A. The ICVT compares a child’s immunizations record in the Registry to state requirements for preschool or school attendance. The user must specify the correct type of certificate needed (the tool will offer age-appropriate options). Certificates validated by the ICVT conform to all state requirements for the selected assessment and may be printed and provided to the parent without signature. A child whose Registry record does not meet requirements for a particular category may be given a “failed validation report” that identifies specific missing (or invalid) doses that require correction in order to complete requirements and produce a valid Certificate. Specific guidance for the use of the ICVT is available on the Registry website.

Q. How can an Official Certificate be completed? There are three options.

A1. Hard copies are available to healthcare providers (not to parents) from local health departments or the TN Immunization Program (call 615-741-7247 or 1-800-404-3006).

A2. (Preferred) Once a child’s complete immunization history is entered in the Registry, use the ICVT to evaluate and validate the Official Immunization Certificate. A validated certificate is pre-populated with all demographic, immunization, and provider information (Section 1 cannot be completed, see below) and the signature area will contain the statement “Validated by the Tennessee Immunization Information System.” An original certificate number will appear in the bottom margin. No signature is required. Access to the Registry and the ICVT are free to authorized users: visit <https://tennesseeiis.gov> .

A3. If not using the ICVT, blank or pre-populated forms can be printed from the Registry website (above). At this date, the ICVT cannot be used for children who require temporary certificates or a medical exemption. Pre-populated Certificates include demographic information, vaccinations and provider contact information. If the child’s Registry record is incomplete or if none exists, users can update or create a record before printing the Certificate. Fields may be completed by hand.

Instructions for manual completion of the Official Certificate (refer to Sample PH-4103, Rev. 4/13):

Note: a revised version was introduced in April 2013. The previous versions (Rev. 3/10 or 5/2011) are acceptable.

Child's identifying and contact details (Demographics): Upper left corner, complete as indicated.

Section 1. This section is subject to local school policy, health departments do not regulate this.

Section 1a. Religious Exemption: check this box if the Certificate is needed to provide documentation of a required health examination for a child not fully immunized for religious reasons.

Sections 1b and 1c. Health Examination Documentation (if required): Requirements set by local educational authorities. If necessary, provide date of examination and signature/stamp of the certifying healthcare provider. Also, check if dental or vision screening is needed.

Section 2a. Required Vaccines: dates of each valid dose are required (if the Registry printout has errors, simply write in and initial corrections).

Additional columns of required vaccine table (complete by hand):

Diagnosed: Use if clinician diagnosed varicella illness. Year (YY) of diagnosis required.

+Serology: Accepted for hepatitis B or A, MMR and varicella. Year (YY) of test required.

History: Use if parent provides credible history of varicella illness. Year (YY) of disease required.

Medical Exemption: Mark an X if a specific vaccine is medically contraindicated (valid only with a physician or Public Health Nurse signature). The medical reason does not need to be provided.

Section 2b. Recommended Vaccines (optional): Dates *not* required, for information only.

Section 3. Provider Assessment Options: *Certificate is not valid if Section 3 is incorrect or blank.*

Box A) Temporary Certificate – Expires [1 month after next catch up dose due]: Use *only* if a child is behind schedule on *required* vaccines. Give as many catch-up doses as possible, writing in the expiration date *1 month after* the next catch-up dose(s) is (are) due. A new certificate should be issued at each catch-up visit until required vaccinations are completed.

Box B) Up to Date for Child Care Entry and <18 Months of Age: Use when the child is younger than 18 months and age-appropriately vaccinated, but has not completed requirements (Box C). Depending on the schedule used by the healthcare provider, a child should complete requirements (Box C) between 12 and 18 months of age. Certificates with Box B marked are only valid *until* age 19 months: after then the parent or guardian must provide the child care facility with a new certificate showing the child is complete (Box C). If a child enrolling at 12-18 months is complete, use Box C.

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

Box D) Complete K-6th Grade: The child is at least 4 years old and has completed all requirements for enrolling in Kindergarten through 6th grade.

***Boxes C and D): Check both boxes** only if the child is at least 4 years old and has completed the requirements for pre-school (or pre-K) and Kindergarten.

Box E): Complete 7th grade or higher:

- **New TN students in grades 7-12 should meet requirements for new students (only new students in 7th grade are required to have the Tdap booster).**
- **If the child is a current TN student entering 7th grade** – Requirements are only met after the Tdap booster dose is given (normally at age 11-12 years, but could be as early as age 7) and varicella immunity is verified. If the child does not have history of varicella disease, the form may be completed with only Tdap and second dose of varicella. The Registry ICVT will validate a current 7th grade student only if the Tdap and both doses of varicella vaccine or date of chickenpox disease are recorded in the Registry.

Section 4: Printed name, address, phone and signature or stamped signature of the **qualified provider** and date of issue.

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