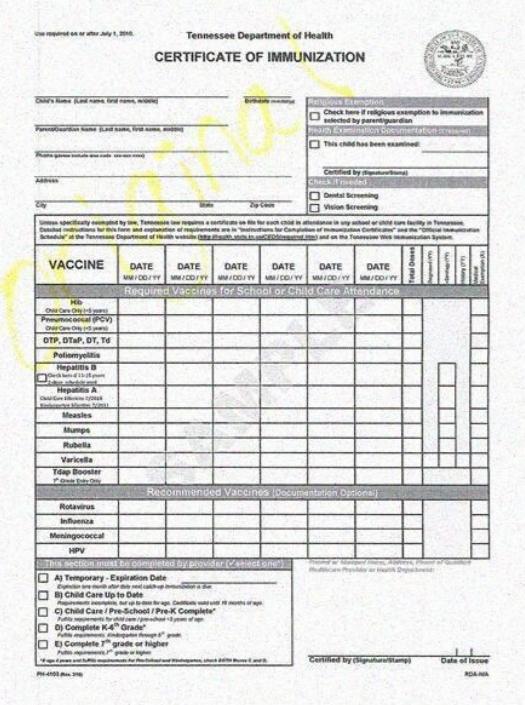


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Tennessee immunization form pdf

The Tennessee Department of Health is responsible for immunization requirements for those who attend child care, pre-school, school and college. The current immunization requirements are in the Tennessee Department of Health Rules. The Official Immunization Certificate is available in local health departments through the Tennessee Immunization Information System (TennIIS). Detailed guidance for healthcare providers on the rules and certificate is available at the TennIIS website. Tennessee healthcare providers who give vaccines can register as authorized users and download the form through TennIIS. The state's immunization requirements consider the current schedule published by the Centers for Disease Control and Prevention (CDC) and endorsed by the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP). Tennessee's list of required immunizations is created through the normal, open rule making process.



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.

100 Training Hill Rd.
Middletown, CT 06457
Admissions: (860) 343-5719
Fax: 860-344-3055
www.mxcc.commnet.edu

STATE IMMUNIZATION POLICY
BANNER ID# (if unknown, leave blank)

Apply online at <http://mycommnet.edu>

Students must complete and return this completed document to the Admissions Office PRIOR to registration.

If you were born after December 31, 1980, Connecticut State Law requires that all full-time (degree seeking and nondegree/ nonmatriculating) and part-time matriculating students enrolled in postsecondary schools be adequately protected against measles, mumps and rubella. In addition, beginning on August 1, 2010 students born in the continental United States on or after January 1, 1980 must be protected against varicella (chicken pox). Students must have two (2) doses of each vaccine administered at least one (1) month apart to insure adequate immunization.

If you are not exempt, please complete one of the options below and attach the necessary documentation.

Name of Student: SS# Date of Birth:
Address: Street: Town: State: Zip:

OPTION 1: RECORD OF IMMUNIZATION
This section must be completed by either a physician or someone operating under the direction of a physician (ex. School nurse, physician's assistant, or nurse practitioner).

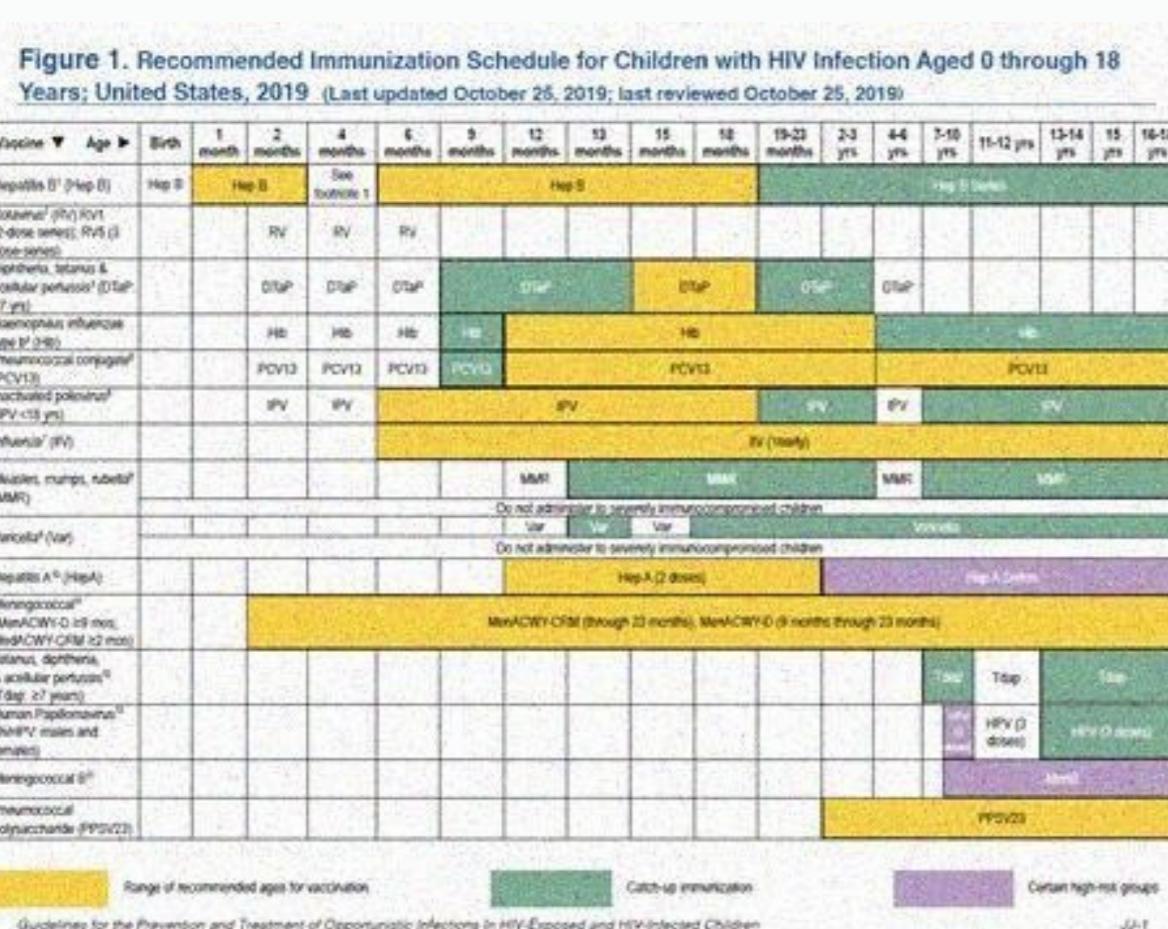
Vaccination Type	1 st Dose	2 nd Dose	Date of Test	Result of Test	Date of Disease
Measles	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mumps	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>		
Rubella	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>		
MMR	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>		
Varicella (Born after 1/1/1980)	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>	mo/day/yr <input type="text"/> / <input type="text"/> / <input type="text"/>		

OPTION 2: LAB EVIDENCE OF IMMUNITY OR CONFIRMED CASE OF DISEASE
This section must be completed by either a physician or someone operating under the direction of a physician (ex. School nurse, physician's assistant, or nurse practitioner). Test results (Title of test and date) must be attached to this form if you document that you have already had the disease. If you cannot document a confirmed case of the disease(s), then you must submit immunity results from a medical laboratory.

OPTION 3 & 4: Medical or Religious exemption See the next page

Signature of physician or authorized person: Date:
Physician's stamp or DEA number:

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.



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 (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. 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 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. Individuals can request a copy of their own TennIIS immunization record or the record of a child if they are the child's parent or legal guardian. To begin a TN immunization record request, please click on this link and fill out the request form: **If the record being requested is for an adult 18 years of age or older the request form must be completed by the individual.** Once the request has been received, TDH staff will search for the record in TennIIS. If a record is found, we will mail a copy of the immunization history that has been reported to TennIIS to the address on record for the person who was vaccinated (in general, the address provided to the healthcare provider who administered the vaccines). If no immunization record is found in TennIIS, TDH staff can provide additional suggestions of places one might search for old immunization records. If you are unable to complete the request form online, or if you have questions please email TennIIS.Records@tn.gov or call (800) 342-1813. If copies of your records are needed more urgently, please contact your healthcare provider or your local health department during regular business hours to request the records. To find local health departments in Tennessee, go to this website: .