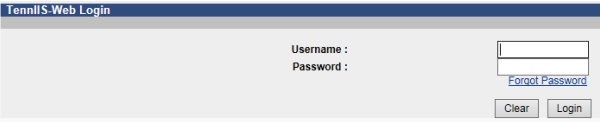
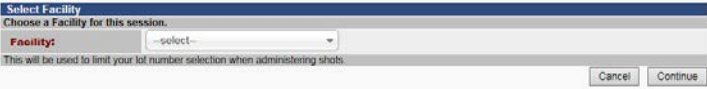
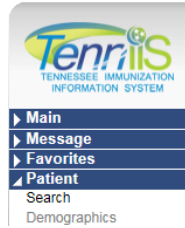
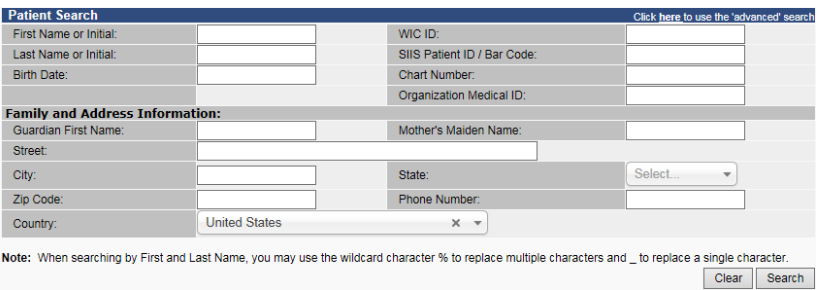
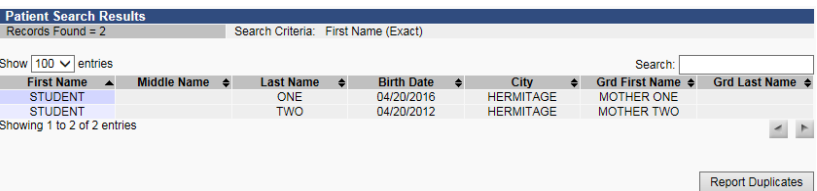


Search for Student	
1) Go to <a href="https://www.tennesseeiis.gov">https://www.tennesseeiis.gov</a> and login.	
2) If Select Facility screen appears, click the drop-down arrow to select facility. Click Continue button.	
3) Using Navigation Menu, click Patient. 4) Click Search.	
5) Patient Search screen displays. 6) Enter search criteria using these search tips: <ul style="list-style-type: none"> <li>• Enter child's first name and last name OR</li> <li>• Enter child's first name or last name and birth date OR</li> <li>• Enter partial first name and partial last name with wildcard "%".</li> </ul>	
7) Click Search button or press Enter key. 8) If Patient Search Results display, select child from list by clicking on their name.	

Questions about this TennIIS QRG or immunization requirements for Childcare/Preschool/Head Start attendance?  
Contact Becky Pearsall RN-BC, RHIA ([becky.pearsall@tn.gov](mailto:becky.pearsall@tn.gov) or 615-532-6608) or David Baron RN ([david.baron@tn.gov](mailto:david.baron@tn.gov) or 615-253-8669)

9) Patient Demographic screen displays with selected child's demographic information.

**Patient Demographic Master View**

<b>Record Info</b>		<b>Organization (IRMS) Owner:</b> 926 - ANDERSON COUNTY HEAD START	
SIIS Patient ID:	14942	Last Update:	12/20/2016 10:37:15 AM
Entry Date:	12/20/2016 10:37:15 AM		
<b>Patient</b>			
First Name:	CHILD	Race:	White
Middle Name:		Ethnicity:	Not Hispanic or Latino
Last Name:	ONE	Language:	--select--
Suffix:		SSN:	
Birth Date:	11/01/2016	Medicaid #:	
Birth File #:		Multi Birth Indicator:	N
Age:	7 weeks, 1 months, 0 yrs	Birth Order:	
Reminder/Recall Publicity Code		Military:	
Sex:	FEMALE	Recall Attempts:	0
Mother Maiden Nm:		Patient Status:	Active (Unknown)
		VFC status:	
		Vaccine Supply:	PRIVATE
<b>Primary Address</b>			
Address 1:	123 MAIN	Address 2:	
City:	CLINTON	State:	TN
Zip Code:	37716		
Email:			
Country:	United States	County/Parish:	ANDERSON
<b>Patient Phone Number(s)</b>			
Phone Number	Extension:	Phone Use Code	Equipment Type
(123)456-7890		Primary residence number	
			Primary Y
<b>Family &amp; Contact</b>			
Guardian 1:	MOM LAST		
+ Alias			
+ Secondary Patient Demographics			
+ School			
+ Medical Home Facility			
+ Birth & Death			
+ Patient Specific Reports			

Back Edit

**To Update or Edit Demographic Record:**

1) Click Edit button in lower right corner of Patient Demographic screen.



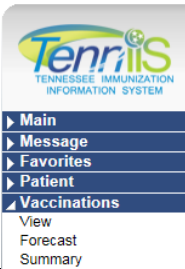
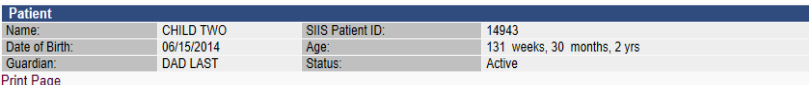
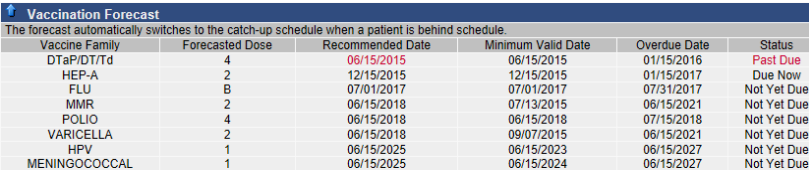
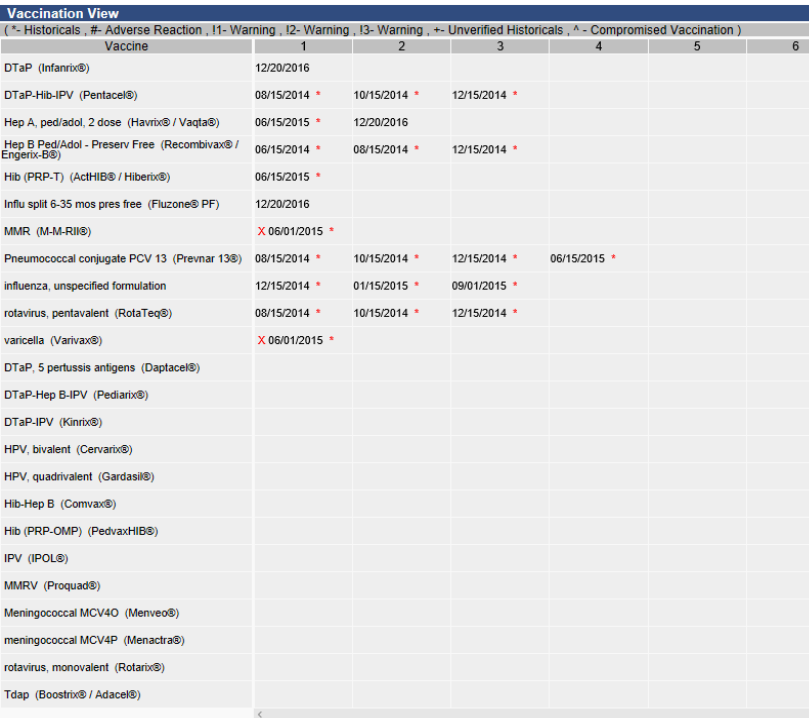
2) Patient Demographic Edit screen displays.  
 3) Edit fields as needed.  
 4) Click Save button.

**Patient Demographics Edit**






<b>Patient</b>		<b>Race:</b> White	
<b>First Name:</b>	CHILD	<b>Ethnicity:</b>	Black or African American
Middle Name:		<b>Language:</b>	Asian
<b>Last Name:</b>	ONE	<b>Language:</b>	Not Hispanic or Latino
Suffix:	--none--	SSN:	--select--
<b>Birth Date:</b>	11/01/2016	Medicaid #:	
Birth File #:		Birth Order:	Single Birth
<b>Sex:</b>	FEMALE	Patient Status:	Active
Mother Maiden Name:		VFC Status:	--select--
Military:	<input type="checkbox"/>	Reminder/Recall Publicity Code	--select--
Comments:			
<b>Address</b>			
Address 1:	123 MAIN		
Address 2:		City:	CLINTON
Country:	United States	State:	TN
County/Parish:	ANDERSON	Zip Code:	37716
<b>Patient Phone Number(s)</b>			
Phone Number	Extension:	Phone Use Code	Equipment Type
(123)456-7890		Primary residence number	
			Primary
			Edit Remove
			Add
<b>Family &amp; Contact</b>			
First Name:	Middle Name:	Last Name:	
Contact Type:	--select--	SSN:	Guardian? <input type="checkbox"/>
Address 1:			
Address 2:		City:	
Country:	United States	State:	--select--
Phone Number	Phone Use Code	Equipment Type	Zip Code:
	--select--	--select--	
Email:			
Add			
First	Last	Type	Phone Number
MOM	LAST		Guardian? Y
			Phone Use Code
			Equipment Type
Edit Remove			
+ Alias			
+ Secondary Patient Demographics			
+ School			
+ Medical Home Facility			
+ Birth & Death			

Cancel Save

Questions about this TennIIS QRG or immunization requirements for Childcare/Preschool/Head Start attendance?  
 Contact Becky Pearsall RN-BC, RHIA ([becky.pearsall@tn.gov](mailto:becky.pearsall@tn.gov) or 615-532-6608) or David Baron RN ([david.baron@tn.gov](mailto:david.baron@tn.gov) or 615-253-8669)

View Vaccinations	
<p>1) Using Navigation Menu, click Vaccinations.</p> <p>2) Click View.</p>	
<p>3) Vaccination View screen displays. This screen has three sections:</p> <ul style="list-style-type: none"> <li>• <u>Patient</u></li> <li>• <u>Vaccination Forecast</u> <ul style="list-style-type: none"> <li>○ Vaccine Family name displays if series not complete</li> <li>○ Recommended Date is routine ACIP schedule.</li> <li>○ Minimum Valid Date is earliest vaccine could be given to be valid dose.</li> <li>○ Status is as of today and will be either Past Due, Due Now, or Up-to-Date.</li> </ul> </li> <li>• <u>Vaccination View</u> <ul style="list-style-type: none"> <li>○ * after date = historical vaccination</li> <li>○ No * after date = administered vaccination</li> <li>○ X in front of date = invalid vaccination</li> </ul> </li> </ul>	   <p>* If a combination vaccine is marked with a 'X', please verify which components of the vaccine are outside the ACIP schedule by viewing the Vaccination Summary.</p>

Questions about this TennIIS QRG or immunization requirements for Childcare/Preschool/Head Start attendance?  
Contact Becky Pearsall RN-BC, RHIA ([becky.pearsall@tn.gov](mailto:becky.pearsall@tn.gov) or 615-532-6608) or David Baron RN ([david.baron@tn.gov](mailto:david.baron@tn.gov) or 615-253-8669)

<p>4) Click on vaccine date on Vaccination View screen to display Vaccination Detail screen.</p> <ul style="list-style-type: none"> <li>Organization and/or Facility fields show facility that entered administered and/or historical vaccinations into TennIIS.</li> </ul>	 <p><b>Patient</b></p> <table border="1"> <tr><td>Name:</td><td>CHILD TWO</td><td>SIIS Patient ID:</td><td>14943</td></tr> <tr><td>Date of Birth:</td><td>09/15/2014</td><td>Age:</td><td>131 weeks, 30 months, 2 yrs</td></tr> <tr><td>Guardian:</td><td>DAD LAST</td><td>Status:</td><td>Active</td></tr> </table> <p><b>Vaccination Detail</b></p> <p><b>Vaccine:</b> varicella (Varivax®)</p> <p><b>Date Administered:</b> 06/01/2015</p> <p><b>Invalid Vaccination:</b> Invalid VARICELLA: Minimum age for this dose not met.</p> <p><b>Historical:</b> Yes</p> <p><b>Provider Noted on Record:</b></p> <p><b>Lot Noted on Record:</b></p> <p><b>Manufacturer Noted on Record:</b></p> <p><b>Manufacturer:</b></p> <p><b>Lot Number:</b></p> <p><b>Lot Facility:</b></p> <p><b>Funding Source:</b></p> <p><b>Vaccinator:</b></p> <p><b>Organization (IRMS):</b> 21201 - ANDERSON CO. HEALTH DEPT., ALL CLINICS</p> <p><b>Facility:</b> 00102 - ANDERSON COUNTY HEALTH DEPT.</p> <p><b>Anatomical Site:</b></p> <p><b>Anatomical Route:</b></p> <p><b>Dose Size:</b> Full</p> <p><b>Volume (CC):</b></p> <p><b>VFC Status:</b> Unknown</p> <p><b>Revaccination Reason:</b></p> <p><b>Adverse Reaction:</b></p> <p><b>District/Region:</b></p> <p><b>Dates of VIS Publications:</b></p> <p><b>Date VIS Form Given:</b></p> <p><b>Ordering Provider:</b></p> <p><b>Comments:</b></p> <p style="text-align: right;">Cancel</p>	Name:	CHILD TWO	SIIS Patient ID:	14943	Date of Birth:	09/15/2014	Age:	131 weeks, 30 months, 2 yrs	Guardian:	DAD LAST	Status:	Active
Name:	CHILD TWO	SIIS Patient ID:	14943										
Date of Birth:	09/15/2014	Age:	131 weeks, 30 months, 2 yrs										
Guardian:	DAD LAST	Status:	Active										
<p><b>Use ICVT to Evaluate Immunization Record for Validated Immunization Certificate</b></p>													
<p>1) Using Navigation Menu, click Reports.</p> <p>2) Click State Reports.</p>	 <p><b>TennIIS</b>    TENNESSEE IMMUNIZATION INFORMATION SYSTEM</p> <ul style="list-style-type: none"> <li>▶ Main</li> <li>▶ Message</li> <li>▶ Favorites</li> <li>▶ Patient</li> <li>▶ Vaccinations</li> <li>▶ Reports       <ul style="list-style-type: none"> <li>Patient Record</li> <li>Report Module</li> <li>State Reports</li> </ul> </li> </ul>												
<p>3) Click IMMCert</p>	 <p><b>State Reports</b></p> <ul style="list-style-type: none"> <li>IMMCert</li> </ul>												
<p>4) Tennessee Immunization Certificate screen displays with different buttons depending on age of child.</p> <p>Click button for certificate needed:</p> <ul style="list-style-type: none"> <li>Up to Date for Child Care Entry and &lt; 18 months of Age</li> <li>Complete for Childcare/Pre-school and Kindergarten</li> </ul>	 <p><b>Tennessee Immunization Certificate</b></p> <p>The Tennessee Immunization Certificate is required for children in child care or pre-school, and when they enroll for the first time in a school located in Tennessee. In addition, all currently enrolled students entering 7th grade must provide a certificate showing they have had the vaccines required for 7th grade entry.</p> <p><b>Select Certificate to View</b></p> <p>State regulations do NOT require an Immunization Certificate for infants younger than 2 months of age who are enrolling in child care. For this reason, the Immunization Certificate Validation Tool (ICVT) is not available for children younger than 2 months of age.</p> <p><input checked="" type="radio"/> Select this box to produce a validated certificate (or Failed Validation Report) for a child in one of the following categories :</p> <ul style="list-style-type: none"> <li>A child entering child care and younger than 18 months of age (up to date for age)</li> <li>A child who has completed all requirements for child care/pre-school</li> <li>A child entering Kindergarten</li> <li>A child age 4 years who has completed requirements for both pre-school and Kindergarten</li> </ul> <p><b>Select Document to View</b></p> <p><input type="radio"/> Official Tennessee Immunization Schedule: required as of July 1, 2010  <i>(Accepted schedule of immunization for vaccines required in Tennessee - also printed on the back of the official certificate)</i></p> <p><input type="radio"/> Instructions for the New Tennessee Immunization Certificate: required as of July 1, 2010  <i>(Instructions for Healthcare Providers Completing Tennessee Certificate of Immunization)</i></p> <p style="text-align: right;">Back View Certificate/Document</p>												
<p>5) Click View Certificate/Document button in lower right corner of Tennessee Immunization Certificate screen.</p>	 <p><b>View Certificate/Document</b></p>												

6) If immunization record in TennIIS meets requirements for certificate type, Validation Result screen displays links for validated certificate and validation report. Click link to produce either validated complete certificate or validation report for desired certificate type:

**Tennessee Immunization Certificate**

**Validation Results**

Validation results are shown for each Section 3 Provider Assessment category (Box B through E) that MIGHT be age-appropriate for this child. Please select only the category that is needed. Other categories may be disregarded.

The correct assessment category for a school-aged child depends on the grade the child is entering. New students entering a Tennessee school for the first time in either Kindergarten and 7th grades have additional requirements compared to children entering all other grades. Review options and select the category appropriate for the grade the child is entering.

**Select certificate or document to View**

**PASSED - Box B: Up to Date for Child Care Entry and < 18 Months of Age**

Requirements for complete for child care category. Expires at 19 months of age.

**PASSED - Validated for this Category**

[View/Print validated Official Certificate](#). (PDF).

[View Validation Report](#)

This report shows exactly how the child's record passed or failed to meet the requirements of this assessment category. The report may guide completion of requirements and may identify invalid doses in the record.

**PASSED - Box C: Complete For Child Care / Pre-School (under 5 Years of Age)**

Fulfills all requirements for child care / pre-school or pre-K and under 5 years of age.

**PASSED - Validated for this Category**

[View/Print validated Official Certificate](#). (PDF).

[View Validation Report](#)

This report shows exactly how the child's record passed or failed to meet the requirements of this assessment category. The report may guide completion of requirements and may identify invalid doses in the record.

Validated complete certificate

- No signature is required
- Invalid doses do not display

Use required on or after July 1, 2010. Tennessee Department of Health

### CERTIFICATE OF IMMUNIZATION

**TWO, CHILD,** 08/16/2014

Child's Name (Last name, first name, middle) Birthdate (mm/dd/yy)

**LAST, DAD,**

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

(887)864-3210

Phone (Please include area code xxx-xxx-xxxx)

**468 FIR ST STREET**

Address

**CLINTON** **TENNE 38EE** **37718**

City State Zip Code

**Section 1a. Religious Exemption -**

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

**1b. Health Examination Documentation (if required)**

This child has been examined: MM / DD / YY

Certified by (Signature/Stamp)

**1c. 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 Certificate" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://www.tn.gov/health>) 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	Required (Y/N)	Storage (Y/N)	Entry (Y/N)	Health Examination (Y/N)
<b>Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)</b>										
Hib <small>Child Care Only (4-5 years)</small>	08/15/2014	10/15/2014	12/15/2014	08/15/2015						
Pneumococcal (PCV) <small>Child Care Only (4-5 years)</small>	08/15/2014	10/15/2014	12/15/2014	08/15/2015						
DTP, DTap, DT, Td	08/15/2014	10/15/2014	12/15/2014	12/20/2016						
Poliomyelitic	08/15/2014	10/15/2014	12/15/2014							
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used	08/15/2014	08/15/2014	12/15/2014					YY		
Hepatitis A <small>Child Care Effective 1/2016 Kindergarten Effective 1/2011</small>	08/15/2015	12/20/2016						YY		
Measles	07/01/2015							YY		
Mumps	07/01/2015							YY		
Rubella	07/01/2015							YY		
Varicella	07/01/2015							YY	YY	YY
Tdap Booster <small>7th Grade Entry Only</small>										
<b>Section 2b. Recommended Vaccines (Documentation Optional)</b>										
Rotavirus	08/15/2014	10/15/2014	12/15/2014							
Influenza	12/15/2014	01/15/2015	06/01/2015	12/20/2016						
Meningococcal										
HPV										

**Section 3. Provider Assessment (select one\*, not valid if blank)**

A) Temporary Certificate - Expires MM / DD / YYYY  
Expiration date one month after date next catch-up immunization is due. -

B) Up to Date for Child Care Entry and <18 Months of Age  
Only if requirements incomplete, but up to date for age. Expires at 19 months of age.

C) Complete for Child Care / Pre-School\*

Fulfills all requirements for child care / pre-school or pre-K under 5 years of age. -

D) Complete K-8th Grade\*

Fulfills requirements, Kindergarten through 8th 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.

PH-102 (Rev. 6/12)

**Section 4. (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):**

ANDERSON COUNTY HEAD START  
761 NORTH MAIN STREET  
CLINTON, TENNESSEE 37718  
(865)462-3033

Validated by the TN State Immunization Information System 12 22 2015

Certified by (Signature/Stamp) or IrenIIS MM / DD / YYYY

Certificate ID: 39162026148225592036 RDA/NA

Questions about this TennIIS QRG or immunization requirements for Childcare/Preschool/Head Start attendance?  
Contact Becky Pearsall RN-BC, RHIA ([becky.pearsall@tn.gov](mailto:becky.pearsall@tn.gov) or 615-532-6608) or David Baron RN ([david.baron@tn.gov](mailto:david.baron@tn.gov) or 615-253-8669)

### Validation report

- Displays vaccine requirements with pass status
- Displays pass status for certificate type
- Displays invalid vaccine doses and reason dose is invalid

Tennessee Department of Health Immunization Registry  
Official Immunization Certificate Automated Validation Assessment (QVA)

Box A: Complete For Child Care / Pre-School / Head Start (Under 5 Years of Age)

Certificate Information				Validation Information	
Enrollee Name	DOB	Report Date	Enrollment Period	Min. Age	Min. Dose
CHIEF, THOMAS	06/10/2014	12/20/2016	06/10/2014 - 12/20/2016		
Vaccine Type	Required Doses	Doses Received in Registry	Valid Doses	Reason for Invalid Doses	
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		
MM (Mumps)	1	06/10/2014	1		
MM2 (Mumps)	1	06/10/2014	1		

Verify/Save QVA

Note: This spreadsheet or school automated validation function assesses only immunization records in the State of Tennessee Immunization Registry. The accuracy of the information depends upon the completeness and accuracy of records entered by immunization providers.

7) If immunization record in TennIIS does not meet requirements for certificate type, Validation Results screen displays link for validation report only. Click link to produce validation report for desired certificate type:

### Tennessee Immunization Certificate

#### Validation Results

Validation results are shown for each Section 3 Provider Assessment category (Box B through E) that MIGHT be age-appropriate for this child. Please select only the category that is needed. Other categories may be disregarded.

The correct assessment category for a school-aged child depends on the grade the child is entering. New students entering a Tennessee school for the first time in either Kindergarten and 7th grades have additional requirements compared to children entering all other grades. Review options and select the category appropriate for the grade the child is entering.

**Select certificate or document to View**

**PASSED - Box B: Up to Date for Child Care Entry and < 18 Months of Age**  
Requirements for complete for child care category. Expires at 19 months of age.

**PASSED - Validated for this Category**  
[View/Print validated Official Certificate \(PDF\)](#).

[View Validation Report](#)  
This report shows exactly how the child's record passed or failed to meet the requirements of this assessment category. The report may guide completion of requirements and may identify invalid doses in the record.

**Box C: Complete For Child Care / Pre-School (under 5 Years of Age)**  
Fulfills all requirements for child care / pre-school or pre-K and under 5 years of age.

**FAILED - NOT Validated for this Category**  
[Print a copy of the Official Certificate that has NOT been validated \(PDF\)](#).  
This copy will include all immunizations in the record and will require the further completion and signature by a qualified healthcare provider (MD, DO, APN, PA or Public Health Nurse at a health department).

**This child is not eligible for a temporary Official Certificate**  
This child is not as up-to-date as possible. A temporary Official Certificate is only for a child who has not completed the required vaccines for this stage of school, but is as up-to-date as possible as of today. Please refer to the Validation Report and Vaccination Forecast to determine which vaccines are due today. After administering the vaccines and entering them into TennIIS, use the ICVT to produce an appropriate validated certificate.

**View Validation Report**  
This report shows exactly how the child's record passed or failed to meet the requirements of this assessment category. The report may guide completion of requirements and may identify invalid doses in the record.

### Validation report

- Displays vaccine requirements with pass or fail status
- Displays fail status for certificate type
- Displays invalid vaccine doses and reason dose is invalid

Tennessee Department of Health Immunization Registry  
Official Immunization Certificate Automated Validation Assessment (QVA)

Box B: Up to Date for Child Care Entry and < 18 Months of Age

Certificate Information				Validation Information	
Enrollee Name	DOB	Report Date	Enrollment Period	Min. Age	Min. Dose
CHIEF, CARI	03/27/2016	12/20/2016	03/27/2016 - 12/20/2016		
Vaccine Type	Required Doses	Doses Received in Registry	Valid Doses	Reason for Invalid Doses	
MM (Mumps)	1	12/20/2016	1		
MM2 (Mumps)	1	03/27/2016	1		
MM (Mumps)	1	03/27/2016	1		
MM2 (Mumps)	1	12/20/2016	1		
MM (Mumps)	1	Missing			
MM2 (Mumps)	1	Missing			

Verify/Save QVA

Note: This spreadsheet or school automated validation function assesses only immunization records in the State of Tennessee Immunization Registry. The accuracy of the information depends upon the completeness and accuracy of records entered by immunization providers.

8) If immunization record in TennIIS does not meet requirements for certificate type, but student is as up-to-date as possible as of today:

Vaccination Forecast					
The forecast automatically switches to the catch-up schedule when a patient is behind schedule.					
Vaccine Family	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status
DTaP/DT/Td	2	01/12/2017	01/12/2017	03/11/2017	Not Yet Due
HEP-B 3 DOSE	2	01/12/2017	01/12/2017	04/08/2017	Not Yet Due
HIB	2	01/12/2017	01/12/2017	02/11/2017	Not Yet Due
PNEUMO (PCV)	2	01/12/2017	01/12/2017	02/11/2017	Not Yet Due
POLIO	2	01/12/2017	01/12/2017	02/11/2017	Not Yet Due
FLU	1	02/01/2017	02/01/2017	03/03/2017	Not Yet Due
ROTAVIRUS	2	02/15/2017	01/12/2017	03/17/2017	Not Yet Due
HEP-A	1	08/01/2017	08/01/2017	08/01/2018	Not Yet Due
MMR	1	08/01/2017	08/01/2017	12/01/2017	Not Yet Due
VARICELLA	1	08/01/2017	08/01/2017	12/01/2017	Not Yet Due
HPV	1	08/01/2027	08/01/2025	08/01/2029	Not Yet Due
MENINGOCOCCAL	1	08/01/2027	08/01/2026	08/01/2029	Not Yet Due

Validation Results screen displays links for temporary validated certificate and validation report. Click link to produce either validated temporary certificate or validation report for desired certificate type:



**Tennessee Immunization Certificate**

**Validation Results**

Validation results are shown for each Section 3 Provider Assessment category (Box B through E) that MIGHT be age-appropriate for this child. **Please select only the category that is needed.** Other categories may be disregarded.

The correct assessment category for a school-aged child **depends on the grade the child is entering.** New students entering a Tennessee school for the first time in either Kindergarten and 7th grades have additional requirements compared to children entering all other grades. Review options and select the category appropriate for the grade the child is entering.

**Select certificate or document to View**

**FAILED - Box B: Up to Date for Child Care Entry and < 18 Months of Age**  
 Requirements for complete for child care category. Expires at 19 months of age.

**FAILED - NOT Validated for this Category**

[Print a copy of the Official Certificate that has NOT been validated. \(PDF\)](#)  
 This copy will include all immunizations in the record and will require the further completion and signature by a qualified healthcare provider (MD, DO, APN, PA or Public Health Nurse at a health department).

[View/Print a copy of the temporary Official Certificate \(PDF\)](#)  
 This temporary certificate is for the child who has not completed the required immunizations for this stage of school, but is as up-to-date as possible as of today. The certificate expires 1 month after the date that the next catch-up immunization is due. The ACIP catch-up immunization schedule is used to determine the date of the next catch-up immunization.

[View Validation Report](#)  
 This report shows exactly how the child's record passed or failed to meet the requirements of this assessment category. The report may guide completion of requirements and may identify invalid doses in the record.

[Back](#)

### Validated temporary certificate

- Expiration date displays in Section 3
- No signature is required
- Invalid doses do not display

Use required on or after July 1, 2010. Tennessee Department of Health

### CERTIFICATE OF IMMUNIZATION

**ONE, CHILD,** 08/01/2016

Child's Name (Last name, first name, middle) Birthdate (mm/dd/yyyy)

**LAST, MOM,**

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

(123)456-7890

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

**123 MAIN**

Address

**CLINTON** **TENNESSEE 37716**

City State Zip Code

**Section 1a. Religious Exemption –**

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

**1b. Health Examination Documentation (if required)**

This child has been examined: MM / DD / YY

Certified by (Signature/Stamp)

**1c. Check if needed**

Dental Screening

Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on this form 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 Certificate" and the "Official Immunization Schedule" of the Tennessee Department of Health website (<http://health.state.tn.us/CD/Immunization.html>) 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	DATE MM/DD/YY	Dosed (YY)	Starting (YY)	Entry (YY)	Medical Exemption (X)
<b>Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)</b>											
Hib <small>Child Care Only (4-5 years)</small>	12/15/2016										
Pneumococcal (PCV) <small>Child Care Only (4-5 years)</small>	12/15/2016										
DTP, DTap, DT, Td	12/15/2016										
Poliomyelitis	12/15/2016										
<input type="checkbox"/> Hepatitis B <small>Check here if 11-15 years 2-dose schedule used</small>	12/15/2016										
Hepatitis A <small>Child Care Effective 7/2010 Kindergarten Effective 7/2011</small>											
Measles											
Mumps											
Rubella											
Varicella											
Tdap Booster <small>7th Grade Entry Only</small>											
<b>Section 2b. Recommended Vaccines (Documentation Optional)</b>											
Rotavirus	12/15/2016										
Influenza											
Meningococcal											
HPV											

**Section 3. Provider Assessment (select one\*, not valid if blank)**

**A) Temporary Certificate - Expires** 02/12/2017  
Expiration date one month after date next catch-up immunization is due. --

**B) Up to Date for Child Care Entry and <18 Months of Age**  
Only if requirements incomplete, but up to date for age. Expires at 18 months of age.

**C) Complete for Child Care / Pre-School\***  
Fulfills all requirements for child care / pre-school or pre-K under 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.

9/14/03 (Rev. 6/12)

**Section 4. (Required) Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):**

ANDERSON CLINIC HEALTH STAFF  
708 NORTH MAIN STREET  
CLINTON, TENNESSEE 37716  
(931)463-2832

Validated by the TN State Immunization Information System 11 20 2016

Certified by (Signature/Stamp) or TennIIS MM | DD | YYYY

Certificate ID: 860628281482268468455 RD-I-NA

### Validation report

- Displays vaccine requirements with pass or fail status
- Displays fail status for certificate type
- If invalid dose in record, displays invalid vaccine dose and reason dose is invalid

Tennessee Department of Health Immunization Registry  
Official Immunization Certificate Automated Validation Assessment (FAV)

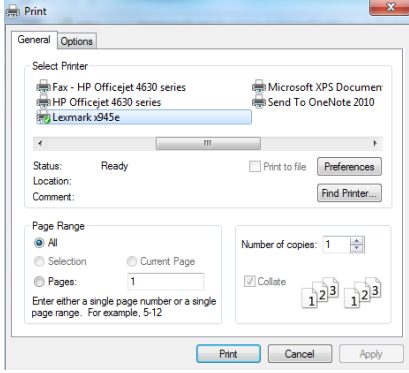
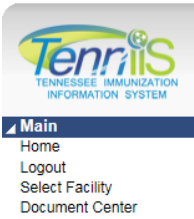


Risk: Up to Date for Child Care Entry and <18 Months of Age

Entity Name	Certificate Information	DOB	Report Date	Validation Information
Entity Name	Required Doses	Doses Received in Registry	Valid Dates	Reason for Invalid Dose
CHILD CARE	2	12/15/2016	11/29/2016	
2nd Dose not Received	2	12/15/2016	11/29/2016	
3rd Dose not Received	2	12/15/2016	11/29/2016	
4th Dose not Received	2	12/15/2016	11/29/2016	
5th Dose not Received	2	12/15/2016	11/29/2016	

Certificate ID: 860628281482268468455

Note: This procedure or other automated validation function assesses only immunization records in the State of Tennessee Immunization Registry. The accuracy of the information depends upon the completeness and accuracy of records entered by immunization providers.



<p>9) Use web browser's print function to print certificates and/or validation reports.</p>	
<p><b>Access TennIIS Resources</b></p>	
<p>1) Using Navigation Menu on the left side of the page, click Main. 2) Click Home.</p>	
<p>3) Click School Immunization Requirements bar</p>	
<p>4) Click link for desired document</p>	<ul style="list-style-type: none"> <li>• <a href="#">Diseases Covered by Tennessee Child Care and School Immunization Requirements Table</a></li> <li>• <a href="#">Immunization Requirement Summary for Child Care through 12th Grades</a></li> </ul>
<p>5) Click Contact the Tennessee Immunization Program bar</p>	
<p>6) Contact TennIIS Help Desk</p>	<p><b>TennIIS Help Desk</b> (844) 206-9927 <a href="mailto:TennIIS.Help@tn.gov">TennIIS.Help@tn.gov</a> For general TennIIS assistance, contact the Helpdesk at: (844) 206-9927 Monday thru Friday 7AM to 6PM CDT or by email at <a href="mailto:TennIIS.Help@tn.gov">TennIIS.Help@tn.gov</a>. The Helpdesk will be closed on all state holidays.</p>
<p>7) Contact TennIIS Registration</p>	<p><b>TennIIS Facility Registrations and User Updates</b> <a href="mailto:TennIIS.Registration@tn.gov">TennIIS.Registration@tn.gov</a> For information on how to register a facility in TennIIS, to add or inactivate users, or to apply the standard user permissions.</p>
<p>8) Contact TennIIS Training</p>	<p><b>TennIIS Training</b> <a href="mailto:TennIIS.Training@tn.gov">TennIIS.Training@tn.gov</a> To sign-up for a live TennIIS webinar training or to inquire about on-site training.</p>

Questions about this TennIIS QRG or immunization requirements for Childcare/Preschool/Head Start attendance?  
Contact Becky Pearsall RN-BC, RHIA ([becky.pearsall@tn.gov](mailto:becky.pearsall@tn.gov) or 615-532-6608) or David Baron RN ([david.baron@tn.gov](mailto:david.baron@tn.gov) or 615-253-8669)