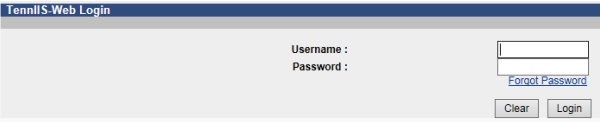
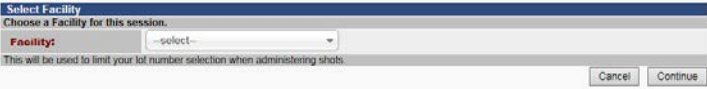
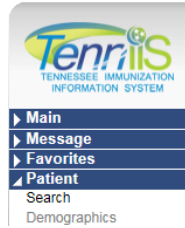
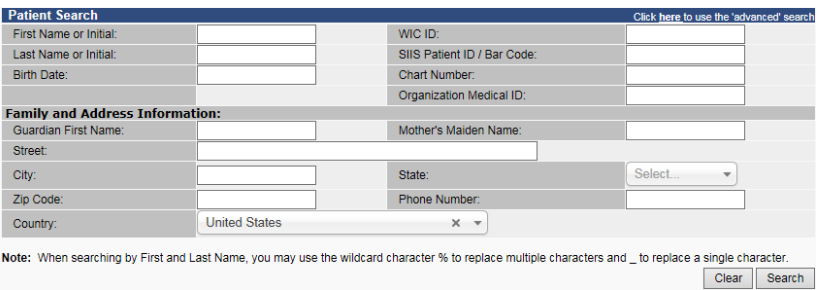
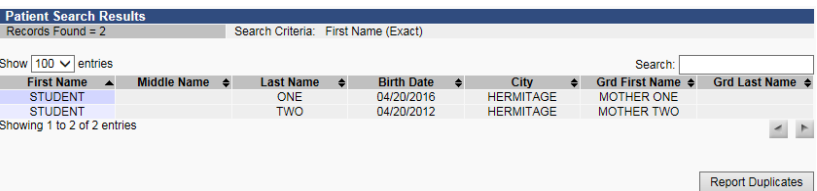


Search for Student	
1) Go to https://www.tennesseeiis.gov and login.	
2) If Select Facility screen appears, click the drop-down arrow to select facility. Click Continue button.	
3) Using Navigation Menu, click Patient. 4) Click Search.	
5) Patient Search screen displays. 6) Enter search criteria using these search tips: <ul style="list-style-type: none"> • Enter child's first name and last name OR • Enter child's first name or last name and birth date OR • Enter partial first name and partial last name with wildcard "%". 	
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 or 615-532-6608) or David Baron RN (david.baron@tn.gov or 615-253-8669)

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

Patient Demographic Master View

Record Info
 SIS Patient ID: 14942 Organization (IRMS) Owner: 926 - ANDERSON COUNTY HEAD START
 Entry Date: 12/20/2016 10:37:15 AM Last Update: 12/20/2016 10:37:15 AM
 Organization Medical ID:

Patient
 First Name: CHILD Race: White
 Middle Name: Ethnicity: Not Hispanic or Latino
 Last Name: ONE Language: --select--
 Suffix: --none-- SSN: --select--
 Birth Date: 11/01/2016 Medicaid #: --select--
 Birth File #: Multi Birth Indicator: N
 Birth Order: --select--
 Military: --select--
 Age: 7 weeks, 1 months, 0 yrs Recall Attempts: 0
 Reminder/Recall Publicity Code: --select--
 Sex: FEMALE Patient Status: Active (Unknown)
 Mother Maiden Nm: VFC status: --select--
 Vaccine Supply: PRIVATE

Primary Address
 Address 1: 123 MAIN Address 2:
 City: CLINTON State: TN
 Zip Code: 37716
 Email:
 Country: United States County/Parish: ANDERSON

Patient Phone Number(s)
 Phone Number Extension: Phone Use Code Equipment Type Primary
 (123)456-7890 Primary residence number Y

Family & Contact
 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

Patient
 First Name: CHILD Race: White
 Middle Name: Black or African American
 Last Name: ONE Ethnicity: Not Hispanic or Latino
 Suffix: --none-- Language: --select--
 Birth Date: 11/01/2016 SSN: --select--
 Birth File #: Medicaid #: --select--
 Sex: FEMALE Birth Order: Single Birth
 Mother Maiden Name: Patient Status: Active
 Military: VFC status: --select--
 Reminder/Recall Publicity Code: --select--

Comments:

Address
 Address 1: 123 MAIN
 Address 2: City: CLINTON
 Country: United States State: TN Zip Code: 37716
 County/Parish: ANDERSON Email:

Patient Phone Number(s)
 Phone Number Extension: Phone Use Code Equipment Type Primary
 (123)456-7890 Primary residence number Edit Remove
 Add

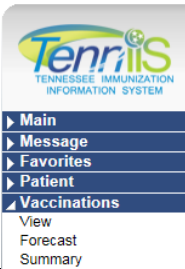
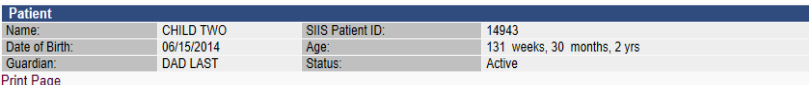
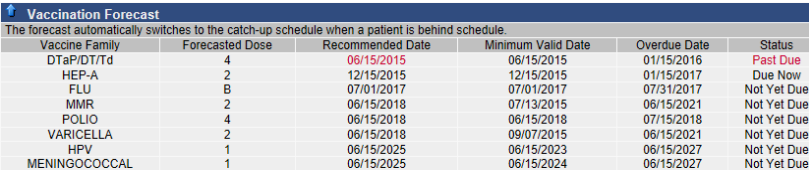
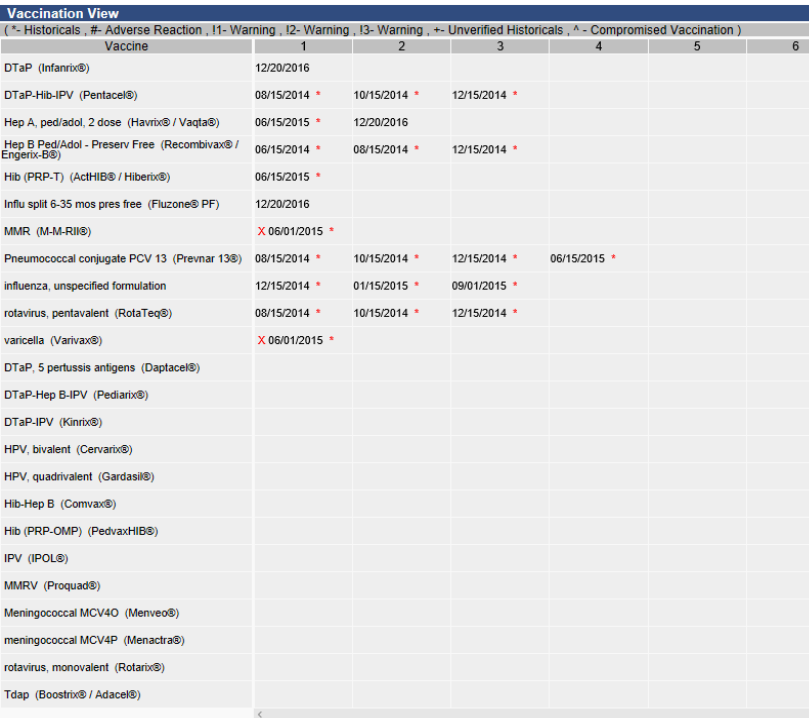
Family & Contact
 First Name: Middle Name: Last Name:
 Contact Type: --select-- SSN: Guardian?
 Address 1:
 Address 2: City:
 Country: United States State: --select-- Zip Code:
 Phone Number Phone Use Code Equipment Type
 Email: Add

First	Last	Type	Phone Number	Guardian?	Phone Use Code	Equipment Type
MOM	LAST			Y		






+ 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 or 615-532-6608) or David Baron RN (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"> • <u>Patient</u> • <u>Vaccination Forecast</u> <ul style="list-style-type: none"> ○ Vaccine Family name displays if series not complete ○ Recommended Date is routine ACIP schedule. ○ Minimum Valid Date is earliest vaccine could be given to be valid dose. ○ Status is as of today and will be either Past Due, Due Now, or Up-to-Date. • <u>Vaccination View</u> <ul style="list-style-type: none"> ○ * after date = historical vaccination ○ No * after date = administered vaccination ○ X in front of date = invalid vaccination 	   <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 or 615-532-6608) or David Baron RN (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"> Organization and/or Facility fields show facility that entered administered and/or historical vaccinations into TennIIS. 	
Use ICVT to Evaluate Immunization Record for Validated Immunization Certificate	
<p>1) Using Navigation Menu, click Reports. 2) Click State Reports.</p>	
<p>3) Click IMMCert</p>	
<p>4) Tennessee Immunization Certificate screen displays with different buttons depending on age of child. Click button for certificate needed:</p> <ul style="list-style-type: none"> Up to Date for Child Care Entry and < 18 months of Age Complete for Childcare/Pre-school and Kindergarten 	
<p>5) Click View Certificate/Document button in lower right corner of Tennessee Immunization Certificate screen.</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 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)	Storage (Y)	Priority (Y)	Health Immunization (Y)
Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)										
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		
Miscles	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>										
Section 2b. Recommended Vaccines (Documentation Optional)										
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-462 (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
768 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: 391620261482255592036 RGA/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 or 615-532-6608) or David Baron RN (david.baron@tn.gov or 615-253-8669)

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" at 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)
Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)											
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>											
Section 2b. Recommended Vaccines (Documentation Optional)											
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.

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
 (615)463-2832

Validated by the TN State Immunization Information System 11 20 2016
MM | DD | YYYY

Certified by (Signature/Stamp) or TennIIS Date of Issue

Certificate ID: 860628281482268468455 RDI-N/A

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)

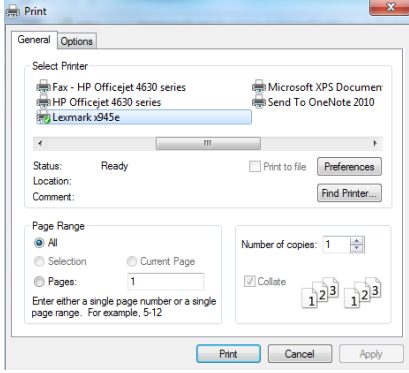
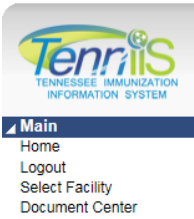


Risk: Up to Date for Child Care Entry and <18 Months of Age

Entity Name	Certificate Information	DOB	Report Date	Validation Information
Entity Type	Required Doses	Doses Received in Registry	Valid Dates	Summary: Search Results
				Min. Age Reason for Invalid Dose Min. Age
ONE, CHILD	2	12/15/2016	11/29/2016	
ONE, CHILD	2	12/15/2016	11/29/2016	
ONE, CHILD	2	12/15/2016	11/29/2016	
ONE, CHILD	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.

Questions about this TennIIS QRG or immunization requirements for Childcare/Preschool/Head Start attendance?
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<p>9) Use web browser's print function to print certificates and/or validation reports.</p>	
Access TennIIS Resources	
<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"> • Diseases Covered by Tennessee Child Care and School Immunization Requirements Table • Immunization Requirement Summary for Child Care through 12th Grades
<p>5) Click Contact the Tennessee Immunization Program bar</p>	
<p>6) Contact TennIIS Help Desk</p>	<p>TennIIS Help Desk (844) 206-9927 TennIIS.Help@tn.gov</p> <p>For general TennIIS assistance, contact the Helpdesk at: (844) 206-9927 Monday thru Friday 7AM to 6PM CDT or by email at TennIIS.Help@tn.gov. The Helpdesk will be closed on all state holidays.</p>
<p>7) Contact TennIIS Registration</p>	<p>TennIIS Facility Registrations and User Updates TennIIS.Registration@tn.gov</p> <p>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>TennIIS Training TennIIS.Training@tn.gov</p> <p>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 or 615-532-6608) or David Baron RN (david.baron@tn.gov or 615-253-8669)