

Tennessee Immunization Information System (TennIIS) School/Childcare Facility User Quick Reference Guide

Description of this guide:

This guide describes basic TennIIS functionality for **SCHOOL/CHILDCARE FACILITY USERS**. This guide does *not* include health department, medical office, or pharmacy users (see separate quick reference guides for alternate user types).

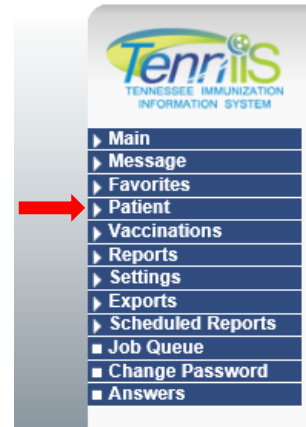
Included in this guide:

- [Searching for a Patient](#)
- [Editing Demographic Information](#)
- [Viewing a Patient's Vaccinations](#)
- [Generating the official TN Certificate of Immunization](#)

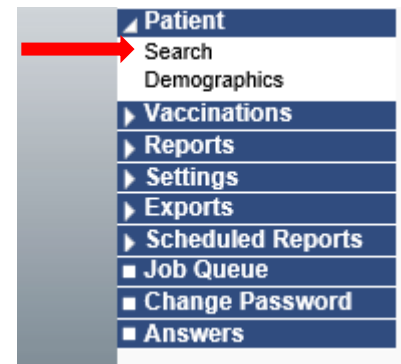
Please contact TennIIS.Training@tn.gov or 1-800-342-1813 with questions about this quick reference guide.

Searching for a Patient

1) Using the Navigation Menu, click on the "Patient" menu heading.

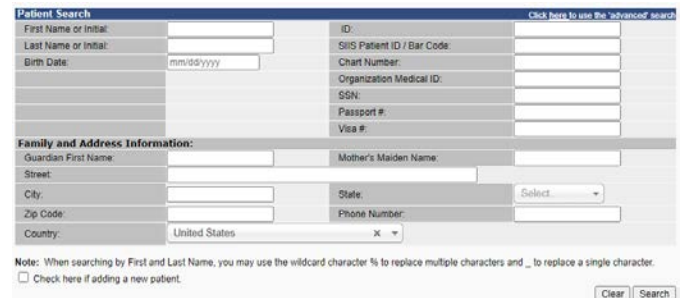


2) Click "Search".



3) Enter search criteria using these three search tips:

- Enter patient's first name and last name
- OR
- Enter patient's first name or last name and birth date
- OR
- Enter "%" (wildcard) in the first and last name fields to replace multiple characters



Patient Search Click here to use the "advanced" search

First Name or initial:	<input type="text"/>	ID:	<input type="text"/>
Last Name or initial:	<input type="text"/>	SIS Patient ID / Bar Code:	<input type="text"/>
Birth Date:	<input type="text" value="mm/dd/yyyy"/>	Chart Number:	<input type="text"/>
		Organization Medical ID:	<input type="text"/>
		SSN:	<input type="text"/>
		Passport #:	<input type="text"/>
		Visa #:	<input type="text"/>

Family and Address Information:

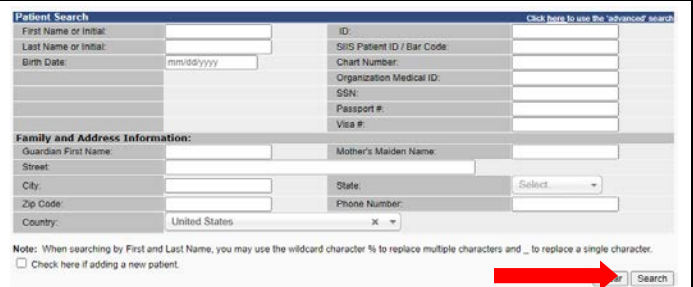
Guardian First Name:	<input type="text"/>	Mother's Maiden Name:	<input type="text"/>
Street:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text" value="Select"/>
Zip Code:	<input type="text"/>	Phone Number:	<input type="text"/>
Country:	<input type="text" value="United States"/>		

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.

Check here if adding a new patient.

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4) Click "Search" or press "Enter" on your keyboard.



Patient Search Click here to use the 'advanced' search

First Name or Initial: ID:
 Last Name or Initial: SIS Patient ID / Bar Code:
 Birth Date: Chart Number:
 Organization Medical ID:
 SSN:
 Passport #:
 Visa #:

Family and Address Information:

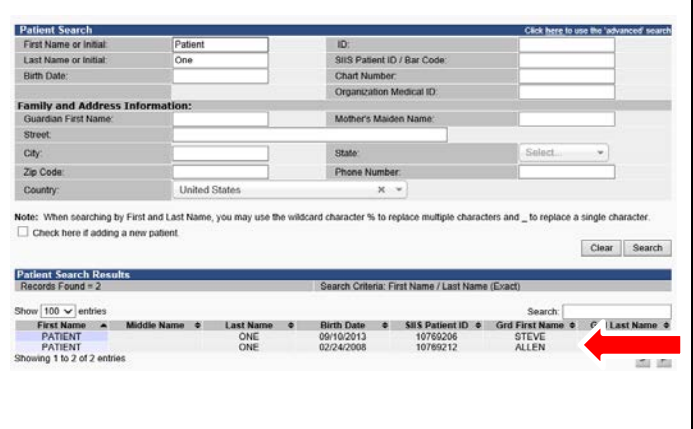
Guardian First Name: Mother's Maiden Name:
 Street:
 City: State:
 Zip Code: Phone Number:
 Country:

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.
 Check here if adding a new patient.

5) TennIIS will take you directly to the Patient Demographic Master View if an exact match is found.

If multiple results display, select the correct patient to view the Patient Demographic Master View.

Sort Patient Search Results by clicking on the black arrow located at the top of each column.



Patient Search Click here to use the 'advanced' search

First Name or Initial: ID:
 Last Name or Initial: SIS Patient ID / Bar Code:
 Birth Date: Chart Number:
 Organization Medical ID:
 SSN:
 Passport #:
 Visa #:

Family and Address Information:

Guardian First Name: Mother's Maiden Name:
 Street:
 City: State:
 Zip Code: Phone Number:
 Country:

Note: When searching by First and Last Name, you may use the wildcard character % to replace multiple characters and _ to replace a single character.
 Check here if adding a new patient.

Patient Search Results Search Criteria: First Name / Last Name (Exact)

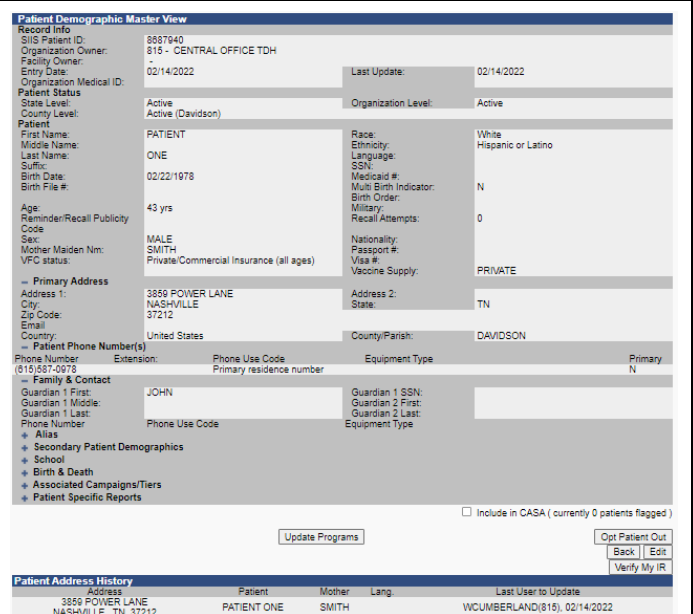
Records Found = 2

Show 100 entries

First Name	Middle Name	Last Name	Birth Date	SIS Patient ID	Grd First Name	Last Name
PATIENT		ONE	09/10/2013	10769206	STEVE	ALLEN
PATIENT		ONE	02/24/2008	10769212		

Showing 1 to 2 of 2 entries

6) Patient Demographic Master View will display.



Patient Demographic Master View

Record Info
 SIS Patient ID: 8887940
 Organization Owner: 815 - CENTRAL OFFICE TDH
 Facility Owner:
 Entry Date: 02/14/2022 Last Update: 02/14/2022
 Organization Medical ID:
 Patient Status: Active Organization Level: Active
 State Level: Active (Davidson)
 County Level:
 Patient
 First Name: PATIENT Race: White
 Middle Name: ONE Ethnicity: Hispanic or Latino
 Last Name: ONE Language:
 Suffix: SSN:
 Birth Date: 02/22/1978 Medicaid #: N
 Birth File #: Multi Birth Indicator: N
 Age: 43 yrs Birth Order:
 Reminder/Recall Publicity Code: Military:
 Sex: MALE Nationality: Recall Attempts: 0
 Mother Maiden Nm: SMITH Visa #:
 VFC status: Private/Commercial Insurance (all ages) Vaccine Supply: PRIVATE

→ Primary Address
 Address 1: 3899 POWER LANE Address 2:
 City: NASHVILLE State: TN
 Zip Code: 37212
 Email:
 Country: United States County/Parish: DAVIDSON

→ Patient Phone Number(s)
 Phone Number: Extension: Phone Use Code: Equipment Type: Primary:
 (615)567-0978 Primary residence number N

→ Family & Contact
 Guardian 1 First: JOHN Guardian 1 SSN:
 Guardian 1 Middle: Guardian 2 First:
 Guardian 1 Last: Guardian 2 Last:
 Phone Number: Phone Use Code: Equipment Type:

→ Alias
 → Secondary Patient Demographics
 → School
 → Birth & Death
 → Associated Campaigns/Tiers
 → Patient Specific Reports

Include in CASA (currently 0 patients flagged)

Patient Address History

Address	Patient	Mother	Lang	Last User to Update
3899 POWER LANE NASHVILLE, TN 37212	PATIENT ONE	SMITH		WCUMBERLAND(815), 02/14/2022

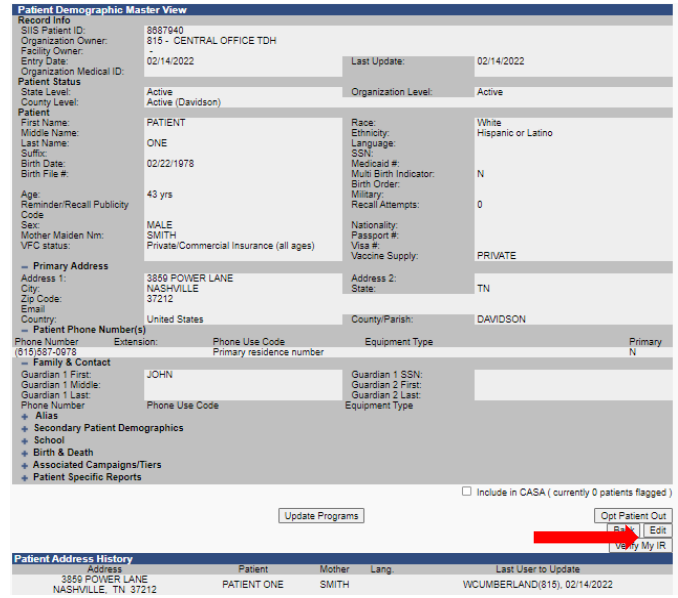
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Editing Demographic Information

1) [Search for the patient](#) and select the correct patient from the list.

2) From the Patient Demographics Master View, click "Edit".



Patient Demographic Master View

Record Info
 SISIS Patient ID: 8897940
 Organization Owner: 818 - CENTRAL OFFICE TDH
 Facility Owner:
 Entry Date: 02/14/2022
 Organization Medical ID:
 Last Update: 02/14/2022

Patient Status
 State Level: Active
 County Level: Active (Davidson)
 Organization Level: Active

Patient
 First Name: PATIENT
 Middle Name:
 Last Name: ONE
 Suffix:
 Birth Date: 02/22/1978
 Birth File #:
 Age: 43 yrs
 Race: White
 Ethnicity: Hispanic or Latino
 Language: Spanish
 SSN:
 Medicaid #: N
 Multi Birth Indicator:
 Birth Order:
 Military:
 Recall Attempts: 0
 Nationality:
 Passport #:
 Visa #:
 Vaccine Supply: PRIVATE

Primary Address
 Address 1: 3859 POWER LANE
 City: NASHVILLE
 Zip Code: 37212
 State: TN
 Country: United States
 County/Parish: DAVIDSON

Phone Number(s)
 (615)587-0978
 Extension:
 Phone Use Code: Primary residence number
 Equipment Type: N
 Primary: N

Family & Contact
 Guardian 1 First: JOHN
 Guardian 1 Middle:
 Guardian 1 Last:
 Phone Number:
 Guardian 1 SSN:
 Guardian 2 First:
 Guardian 2 Last:
 Equipment Type:

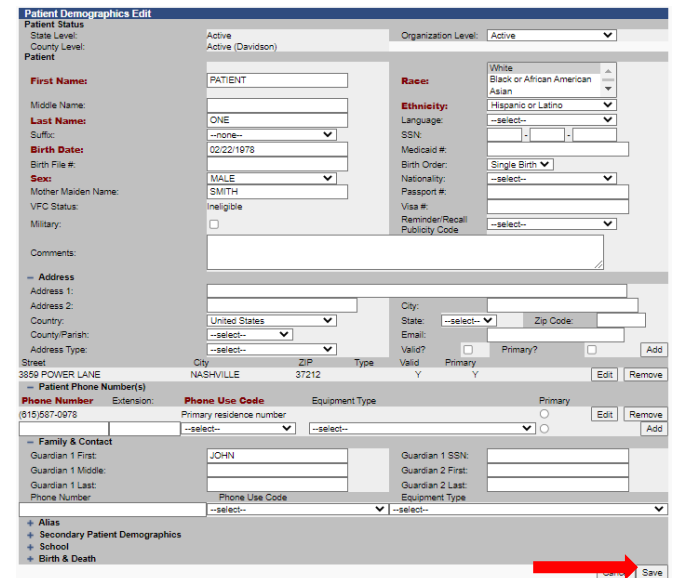
Buttons: Update Programs, Opt Patient Out, Edit, Verify My IR

Patient Address History
 Patient: PATIENT ONE
 Mother: SMITH
 Lang:
 Last User to Update: WCUMBERLAND(818), 02/14/2022

3) Edit the desired fields. Red fields are mandatory.

Note: The "Phone Number" and "Address" sections contain an "Add" button to enter address and phone number information only. Once added, users will additionally have "Edit" and "Remove" keys to use respectively for both sections.

Enter patient information into the appropriate fields then click "Save" to complete editing patient.



Patient Demographics Edit

Patient Status: Active (Davidson)
 Organization Level: Active

Patient
 First Name: PATIENT
 Middle Name:
 Last Name: ONE
 Suffix: --none--
 Birth Date: 02/22/1978
 Birth File #:
 Sex: MALE
 Mother Maiden Name: SMITH
 VFC Status: Ineligible
 Military:

Race: White
 Ethnicity: Hispanic or Latino
 Language: Spanish
 SSN:
 Medicaid #:
 Birth Order: Single Birth
 Nationality:
 Passport #:
 Visa #:
 Reminder/Recall Publicity Code: --select--

Comments:
 Address:
 Address 1:
 Address 2:
 City:
 State: --select--
 Zip Code:
 Country: United States
 County/Parish: --select--
 Address Type:
 Street: 3859 POWER LANE
 City: NASHVILLE
 ZIP: 37212
 Type: Valid
 Primary:

Phone Number(s)
 (615)587-0978
 Extension:
 Phone Use Code: Primary residence number
 Equipment Type:
 Primary:

Family & Contact
 Guardian 1 First: JOHN
 Guardian 1 Middle:
 Guardian 1 Last:
 Phone Number:
 Guardian 1 SSN:
 Guardian 2 First:
 Guardian 2 Last:
 Equipment Type:

Buttons: Add, Edit, Remove, Save

4) Editing optional patient demographics:

Patient Demographic Edit:

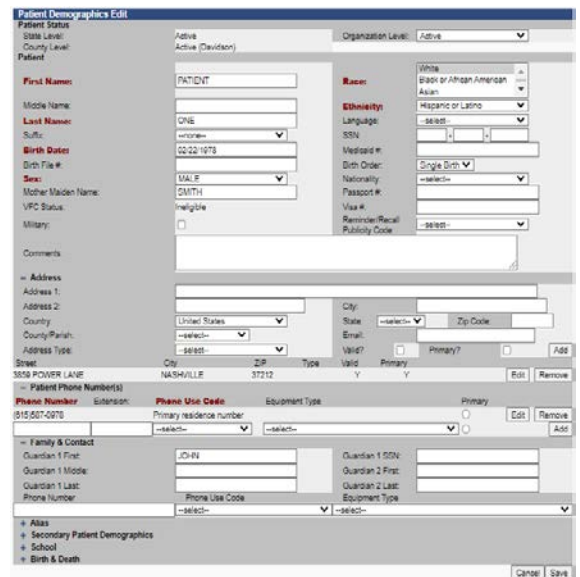
- **Language** – select language.
- **Birth Order** – if the patient is a twin, triplet, etc., enter the birth order in the first dropdown.
- **Inactivate Patient** – use the inactive dropdown menu to select the appropriate status.
- **VFC Status** – select the patient’s VFC status from the dropdown box.


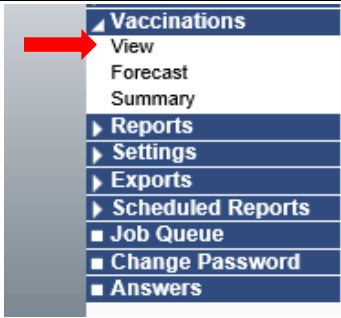
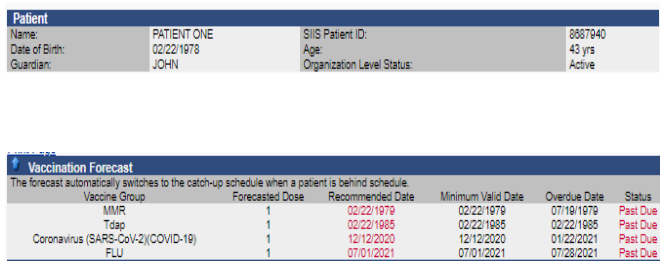
Address section – enter the following fields to update or enter the patient’s address:

- **Address 1** – street or PO Box number
- **Address 2** – apartment number
- Enter the zip code and the correct city, state, and county will automatically populate for you.

Alias section

- Enter a nickname, maiden or second last name into these fields to allow users to search by the alias name.



Viewing a Patient's Vaccinations																																																																			
1) Search for the patient and select the correct patient from the list.																																																																			
2) Using the Navigation Menu, click on the "Vaccinations" menu heading.																																																																			
3) Click "View".																																																																			
<p>4) The Vaccination View screen will appear where users can see the patient's full vaccination history (if applicable).</p> <p>This screen has three sections:</p> <ul style="list-style-type: none"> • Patient • Vaccination Forecast: <ul style="list-style-type: none"> o Vaccine Family name displays if series not complete o Recommended Date is routine ACIP schedule o Minimum Valid Date is earliest vaccine could be given to be valid dose o Status is as of today and will be either Past Due, Due Now, or Not Yet Due 	 <table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="6">Patient</th> </tr> </thead> <tbody> <tr> <td>Name:</td> <td>PATIENT ONE</td> <td>SIS Patient ID:</td> <td colspan="3">8887940</td> </tr> <tr> <td>Date of Birth:</td> <td>02/22/1978</td> <td>Age:</td> <td colspan="3">43 yrs</td> </tr> <tr> <td>Guardian:</td> <td>JOHN</td> <td>Organization Level Status:</td> <td colspan="3">Active</td> </tr> </tbody> </table> <table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="6">Vaccination Forecast</th> </tr> </thead> <tbody> <tr> <td colspan="6">The forecast automatically switches to the catch-up schedule when a patient is behind schedule.</td> </tr> <tr> <th>Vaccine Group</th> <th>Forecasted Dose</th> <th>Recommended Date</th> <th>Minimum Valid Date</th> <th>Overdue Date</th> <th>Status</th> </tr> <tr> <td>MMR</td> <td>1</td> <td>02/22/1979</td> <td>02/22/1979</td> <td>07/19/1979</td> <td>Past Due</td> </tr> <tr> <td>Tdap</td> <td>1</td> <td>02/22/1985</td> <td>02/22/1985</td> <td>02/22/1985</td> <td>Past Due</td> </tr> <tr> <td>Coronavirus (SARS-CoV-2)(COVID-19)</td> <td>1</td> <td>12/12/2020</td> <td>12/12/2020</td> <td>01/22/2021</td> <td>Past Due</td> </tr> <tr> <td>FLU</td> <td>1</td> <td>07/01/2021</td> <td>07/01/2021</td> <td>07/29/2021</td> <td>Past Due</td> </tr> </tbody> </table>	Patient						Name:	PATIENT ONE	SIS Patient ID:	8887940			Date of Birth:	02/22/1978	Age:	43 yrs			Guardian:	JOHN	Organization Level Status:	Active			Vaccination Forecast						The forecast automatically switches to the catch-up schedule when a patient is behind schedule.						Vaccine Group	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status	MMR	1	02/22/1979	02/22/1979	07/19/1979	Past Due	Tdap	1	02/22/1985	02/22/1985	02/22/1985	Past Due	Coronavirus (SARS-CoV-2)(COVID-19)	1	12/12/2020	12/12/2020	01/22/2021	Past Due	FLU	1	07/01/2021	07/01/2021	07/29/2021	Past Due
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- Vaccination View
 - o * after date = historical vaccination
 - o No * after date = administered vaccination
 - o X in front of date = invalid vaccination

Vaccination View/Add						
<small>(* - Historicals , # - Adverse Reaction , 1 - Warning , 2 - Warning , 3 - Warning , + - Unverified Historicals , ^ - Compromised Vaccination)</small> Documented By: []						
Double-click in any date field below to enter the default date: 02/14/2022						
Vaccine	1	2	3	4	5	6
DTaP-Hib-IPV (Pentacel®)	02/17/2007	04/21/2007 *	06/27/2007 *	X 08/01/2009 *		
DTaP-IPV (Kinrix®/Quadacel®)	07/03/2012 *					
Hep A, ped/adol, 2 dose (Vaqta®/Havrix®)	12/18/2007 *	X 01/01/2008 *	07/28/2009 *	08/01/2009 * 13		
Hep B Ped/Adol - Preserv Free (Recombivax HB®/Engerix-B®)	02/17/2007	09/01/2020 *	12/01/2020 *			
MMR (MMR 118)	12/17/2009 *	07/03/2014 *				
Pneumococcal conjugate PCV 13 (Prevnar 13®)	04/21/2007 *	07/14/2007 *	03/22/2008 *			
Tdap (Adacel®/Boostrix®)	02/13/2019 *					
varicella (Varivax®)	01/01/2020 *	12/01/2020 *				
COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5 mL dose (Moderna COVID-19 vaccine)						
COVID-19, mRNA, LNP-S, PF, 30 mcg/0.3 mL dose (Pfizer COVID-19 vaccine)						

5) Click on vaccine date to display the Vaccination Details Screen.

Note: Organization and/or Facility fields show facility that entered either administered or historical vaccinations into TennIIS.

Patient	
Name:	PATIENT ONE
Date of Birth:	02/22/1978
Guardian:	JOHN
SIIS Patient ID:	8687940
Age:	43 yrs
Organization Level Status:	Active

Vaccination Detail	
Vaccine:	Hep A, adult (Vaqta®/Havrix®)
Date Administered:	02/14/2022
Historical:	Yes
Manufacturer:	
Lot Number:	
Lot Facility:	
Funding Source:	
Provider Noted on Record:	
Lot Noted on Record:	
Manufacturer Noted on Record:	
Vaccinator:	
Organization:	815 - CENTRAL OFFICE TDH
Facility (Facility SIIS ID):	
Campaign:	
Tier:	
Anatomical Site:	
Anatomical Route:	Full
Dose Size:	
Volume (CC):	(Unknown)
VFC Status:	
Revaccination Reason:	
Adverse Reaction:	
District/Region:	
Dates of VIS Publications:	
Date VIS Form Given:	
Ordering Provider:	
Comments:	

Please contact TennIIS.Training@tn.gov or 1-800-342-1813 with questions about this quick reference guide.

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Generating the official TN Certificate of Immunization

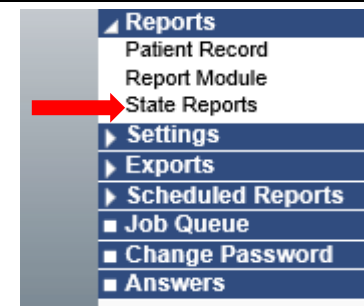
Note: The Tennessee Immunization Certificate is required for children in child care or pre-school, and when they enroll for the first time in a school located in Tennessee. In addition, all currently enrolled students entering 7th grade must provide a certificate showing they have had the vaccines required for 7th grade entry.

1) [Search for the patient](#) and select the correct patient from the list.

2) Using the Navigation Menu, click on the "Reports" menu heading.



3) Click "State Reports".

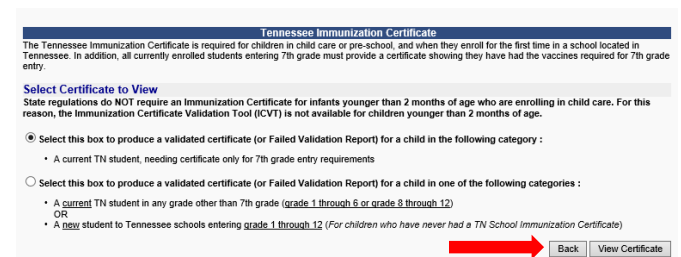


4) Click "IMMCert" (this link is only available for patients less than 20 years old).



5) Click the appropriate "radio button" for certificate needed (options change depending upon patient/student age):

Click "View Certificate".



Please contact TennIIS.Training@tn.gov or 1-800-342-1813 with questions about this quick reference guide.

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6) **If immunization record in TennIIS MEETS requirements for certificate type**, Validation Result screen displays links for validated Official Certificate and Validation Report.

Click link to produce a validated Official Certificate or a Validation Report for desired certificate type.

7) **Validated Official Certificate** will have:

- Certificate type box checked in Section 3. Provider Assessment
- No signature is required; "Validated by the TN State Immunization Information System"
- Invalid doses do not display

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Tennessee Immunization Information System (TennIIS) School/Childcare Facility User Quick Reference Guide

8) **PASS Validation Report:**

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

Box D: Complete K-6th Grade					
Certificate Information		Doses		Report Date	Validation Information
Section Name	Section Type	Required Doses	Doses Received	Report Date	Validation Status
Pre-Kindergarten	Pre-Kindergarten	4	4	10/12/2019	Pass
Kindergarten	Kindergarten	4	4	10/12/2019	Pass
1st Grade	1st Grade	4	4	10/12/2019	Pass
2nd Grade	2nd Grade	4	4	10/12/2019	Pass
3rd Grade	3rd Grade	4	4	10/12/2019	Pass
4th Grade	4th Grade	4	4	10/12/2019	Pass
5th Grade	5th Grade	4	4	10/12/2019	Pass
6th Grade	6th Grade	4	4	10/12/2019	Pass

9) **If Immunization record in TennIIS does not meet requirements for certificate type and patient/student is not as up-to-date as possible for required vaccines, Validation Results screen displays link for Validation Report.**

Click link to produce Validation Report for desired certificate type.

Box D: Complete K-6th Grade (Entering 1st-6th grade)
Select this assessment ONLY for a child entering 1st - 6th grades.

FAILED - NOT Validated for this Category

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 CVT 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.

10) **FAIL Validation Report:**

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

Box D: Complete K-6th Grade					
Certificate Information		Doses		Report Date	Validation Information
Section Name	Section Type	Required Doses	Doses Received	Report Date	Validation Status
Pre-Kindergarten	Pre-Kindergarten	4	4	10/12/2019	Pass
Kindergarten	Kindergarten	4	4	10/12/2019	Pass
1st Grade	1st Grade	4	4	10/12/2019	Pass
2nd Grade	2nd Grade	4	4	10/12/2019	Pass
3rd Grade	3rd Grade	4	4	10/12/2019	Pass
4th Grade	4th Grade	4	4	10/12/2019	Pass
5th Grade	5th Grade	4	4	10/12/2019	Pass
6th Grade	6th Grade	4	4	10/12/2019	Pass

11) **If Immunization record in TennIIS does not meet requirements for certificate type, but student is as up-to-date as possible for required vaccines, Validation Results screen displays links for Temporary Official Certificate and Validation Report.**

Click link to produce Temporary Official 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

Box D: Complete K-6th Grade (Entering 1st-6th grade)
Select this assessment ONLY for a child entering 1st - 6th grades.

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.

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12) Temporary Official Certificate:

- Temporary certificate box checked in Section 3. Provider Assessment with **expiration date**.
- No signature is required; "Validated by the TN State Immunization Information System".
- Invalid doses do not display.

CERTIFICATE OF IMMUNIZATION

ONE, PATIENT, 82242906

City/County (Last name, first name, middle) Birthdate (month/day)

SMITH, ALLEN, 01/13/2018

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

Phone (Please include area code 000-000-0000)

Address

8224 BURNCREST ROAD

ALEXANDRIA, TENNESSEE 37012

City State Zip Code

Section 1a. Religious Exemption

I am a member of a religious organization that prohibits immunization (select only if required)

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 to attend in any school or child care facility in Tennessee. Detailed instructions for file format and explanation of requirements are in "TennIIS School/Childcare Facility User Quick Reference Guide" at the Tennessee Department of Health website. www.tn.gov

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	Lot #	Manufacturer	Manufacturer (P)	Manufacturer (P)
Section 2a. Required Vaccines for School or Child Care Attendance (dates required)										
DTaP										
Pneumococcal (PCV)										
DTP, DTaP, DT, Td	11/04/2013	03/28/2014	04/23/2014	09/13/2018	04/30/2019					
Poliovaccine	11/04/2013	03/28/2014	04/23/2014	04/30/2019						
Hepatitis B	06/24/2008	04/01/2020								
Hepatitis A	09/20/2014	08/29/2018								
Measles	01/01/2018	04/30/2019								
Mumps	01/01/2018	04/30/2019								
Rubella	01/01/2018	04/30/2019								
Varicella	09/20/2014	04/30/2019								
Tdap Booster										
Section 2b. Recommended Vaccines (Documentation Optional)										
Rotavirus										
Influenza										
Meningococcal ACWY										
HPV										

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

A) Temporary Certificate - Expires 07/29/2020

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

C) Complete for Child Care / Pre-School*

D) Complete K-6th Grade*

E) Complete 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 Name, Address, Phone of Qualified Provider (MD, DO, PA, Advanced Practice Nurse or Health Department):

Validated by the TN State Immunization Information System

Certified by (Signature/Stamp) of Facility

Date of Issue

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

A) Temporary Certificate - Expires 07/29/2020

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

C) Complete for Child Care / Pre-School*

D) Complete K-6th Grade*

E) Complete 7th Grade or Higher

*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

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