

Official Transcript

Prepared for: KAILEY HIGGINS on 06/07/2018
ID#: T4UHNHHL
Parchment Student ID: 21587447
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Use required on or after July 1, 2010.

Tennessee Department of Health

CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle) Higgins, Kailey N Birthdate (mm/dd/yy) 01-11-00
Parent/Guardian Name (Last name, first name, middle) Matthew Higgins
Phone (please include area code xxx-xxx-xxxx) 865-755-2755
Address 3603 Atala Trail
City Kodak State TN Zip Code 37764

Religious Exemption

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

Health Examination Documentation (if required)

☐ This child has been examined: 8/13/12

No exam

Certified by (Signature/Stamp)

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 Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) 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	Total Doses	Diagnosed (YY)	Swabbed (YY)	History (YY)	Medical Exemption (X)
Required Vaccines for School or Child Care Attendance											
Hib Child Care Only (<5 years)	3.15.00	5.15.00	7.24.00	01.15.01			4				
Pneumococcal (PCV) Child Care Only (<5 years)											
DTP, DTaP, DT, Td	3.15.00	5.15.00	7.24.00	4.1.02	8.2.05		5				
Poliomyelitis	3.31.00	5.31.00	4.1.02	8.2.05			4				
Hepatitis B ☐ Check here if 11-15 years 2-dose schedule used	2.15.00	3.15.00	8.28.00				3		YY		
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011									YY		
Measles	1.15.01	8.2.05					2		YY		
Mumps	1.15.01	8.2.05					2		YY		
Rubella	1.15.01	8.2.05					2		YY		
Varicella	9.20.04	8.13.12					2	YY	YY	YY	
Tdap Booster 7th Grade Entry Only	8.13.12						1				
Recommended Vaccines (Documentation Optional)											
Rotavirus											
Influenza											
Meningococcal											
HPV											

This section must be completed by provider (✓select one*)

- ☐ A) Temporary - Expiration Date MM/DD/YYYY
Expiration one month after date next catch-up immunization is due.
- ☐ B) Child Care Up to Date
Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.
- ☐ C) Child Care / Pre-School / Pre-K Complete*
Fulfills requirements for child care / pre-school <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.

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department:

JEFFERSON CO. HEALTH DEPT.
931 Industrial Park Rd.
P.O. Box 130
Dandridge, TN 37725

X. Cade, MD 8/13/12
Certified by (Signature/Stamp) Date of Issue

PH-4103 (Rev. 3/10)

RDA-WA