



HAYWOOD MIDDLE SCHOOL

1201 Haralson Street
Brownsville, Tennessee 38012
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Yvette C. Blue, Principal
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Superintendent

Haywood County Board of Education & State of Tennessee Immunization Information

Dear Parent or Guardian,

Your child entering seventh grade in the fall **is required** to provide proof of immunizations to the school. All students must submit the required up to date state immunization form **before** the first day of seventh grade. If a form is not submitted, your child will not receive a seventh grade schedule until completion and proof of the required immunizations. If you have not done so already, please make sure that your child has obtained the immunizations listed below and provide proof to the school counselor at Haywood Middle School, Michelle Brasfield, before the end of this school year to ensure that your child will be allowed to enter school in August 2015.

More information can be found on the HCS website at <http://haywoodschoools.com> under Coordinated School Health, at <http://health.state.tn.us/CEDS/required.htm>, or at the local health department at 772-0463. If you have any questions, you may call the school nurses at 772-9613 ext. 2360 or ext. 2730.

Information needed:

- New immunization form required by state and marked as complete 7th or higher and certified by health professional
- Tetanus-diphtheria-pertussis booster "**T-dap**"
- Chickenpox (Varicella) **2 doses or credible history of disease**

Thank you for your assistance.

Sincerely,
School Health Services



CERTIFICATE OF IMMUNIZATION

XXXXXX

Child's Name (Last name, first name, middle)

Birthdate (mm/dd/yy)

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

Phone (please include area code XXX-XXX-XXXX)

Address

City State Zip Code

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

Health Examination Documentation (if required)
 This child has been examined: _____

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)	•Serology (YY)	History (YY)	Medical Exemption (X)
Required Vaccines for School or Child Care Attendance											
Hib Child Care Only (<5 years)											
Pneumococcal (PCV) Child Care Only (<5 years)											
DTP, DTaP, DT, Td											
Poliomyelitis											
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used											
Hepatitis A Child Care Effective 7/2010 Kindergarten Effective 7/2011											
Measles											
Mumps											
Rubella											
Varicella											
Tdap Booster 7 th Grade Entry Only											
Recommended Vaccines (Documentation Optional)											
Rotavirus											
Influenza											
Meningococcal											
HPV											

SAMPLE

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

A) Temporary - Expiration Date
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:

Certified by (Signature/Stamp) _____ Date of Issue _____