

Clarksville Montgomery County School System HEALTH SERVICES IMMUNIZATIONS and PHYSICAL EXAMINATIONS

Date Date Date	Student's Name Teacher						
Temnessee State Law requires proof of immunizations (shots) for school attendance. During a routine audit of records at school by the School Nurse, your child's records show a deficiency in the area(s) checked below: Vaccine	School	G	rade	Date			
Hib PCV DTP/DTaP/DT/Td Polio (QPV/IPV) Hepatitis B Hepatitis A Measles/Mumps/Rubella Varicella (Chickenpox) TDAP Booster Physical Examination TB Skin Test See Requirements HEA-A010 TB A copy of previous physical exam completed within the past year is acceptable if dated and signed by a physician/nurse practitioner. An official Tennessee Certificate of Immunization Certificate (Health Department or Physician) is required. Active duty military and National Guard may turn in military or out of state records. Temporary Immunization Certificate will expire on Immunizations are recorded on an improper form. An Official Tennessee Certificate of Immunization Certificate (Health Department or Physician) is required. No immunization certificate (Health Department or Physician) is required. No physical exam record is found. The 30 day grace period for immunizations expires on	Tennessee State Law re of records at school by t						
PCV DTP/DTaP/DT/Td Polio (QPV/IPV) Hepatitis B Hepatitis A Measles/Mumps/Rubella Varicella (Chickenpox) TDAP Booster Physical Examination TB Skin Test See Requirements HEA-A010 TB A copy of previous physical exam completed within the past year is acceptable if dated and signed by a physician/nurse practitioner. An official Tennessee Certificate of Immunization Certificate (Health Department or Physician) is required. Active duty military and National Guard may turn in military or out of state records. Temporary Immunization Certificate will expire on		First	Second	Third	Fourth	Fifth	
DTP/DTaP/DTTd							
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Hepatitis B Hepatitis A Measles/Mumps/Rubella Varicella (Chickenpox)							
Hepatitis A Measles/Mumps/Rubella Varicella (Chickenpox) State requirement for 7th grade							
Measles/Mumps/Rubella Varicella (Chickenpox)	_						
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Principal School Nurse	required. Active Temporary Immunizations Immunizations Immunization No immunization No physical exemples The 30 day granger Form Signed between The 30 day granger Form Signed between Sig	we duty military munization Certary are recorded of Certificate (He on record is for am record is for am record for in y unauthorized dical provider in child will be ian's office or that ave already had nessee Certificate the Health Deput ool Nurse. Informan-resources/hemplete may be forman-resources/hemplete may be forman-resources/hemplete.	y and National Ortificate will exponent improper falth Department und. bund. mmunizations et personnel. For mmediately. Pleineligible to reference Health Department the required immediation artment to have remation on immunealth-services-info	Guard may turn in minimization on	ed by: MD, PA, Nencies by: atil deficiencies der to address the line of would only need have at home along the appropriate for as may be found at ent qualifies for a result of the appropriate for a result of the appropri	ate records. The of The and Health The are Sted deficiencies. I proof on the gwith this letter m. Return to the eligious	
	Principal			School Nurs	se		

8/10/21, Rev. K HEA-F015