

# Tennessee Vaccine Exemption Laws

## Title 37. Juveniles

### Chapter 10. Miscellaneous Provisions

#### Part 4 - Childhood Immunizations

#### **37-10-401. Responsibility of parents to have children immunized - Specific vaccines - Immunization registry.**

(a) It is the responsibility of each parent or legal guardian to ensure that such person's child or children receive the vaccines as are recommended by guidelines of the Center for Disease Control or the American Academy of Pediatrics to be administered to a child. The parent or legal guardian is encouraged to obtain the recommended immunizations within the first two (2) years of the child's life. Such vaccines include, without limitation, the following specific vaccines:

- (1) Diphtheria-tetanus-pertussis (DTP);
- (2) Polio: oral polio vaccine (OPV) or inactivated polio vaccine (IPV);
- (3) Measles-mumps-rubella (MMR);
- (4) Haemophilus influenzae type b conjugate vaccines (Hib);
- (5) Hepatitis B vaccine (Hep B);
- (6) Pneumococcal vaccine, when medically indicated;
- (7) Influenza vaccine, when medically indicated; and
- (8) Varicella, when available.

(b) Subject to availability of funding for such purpose, the department of health is authorized to provide free vaccine, through the first twenty-four (24) months of life, for Tennessee children born after January 1, 1996. If an administration fee is charged by a health provider receiving this vaccine, such fee may not exceed the administration fee established by the health care financing administration under the Vaccines for Children Program established in the Omnibus Budget Reconciliation Act of 1993. No immunization may be withheld due to a family's inability to pay the fee.

(c) The department shall establish and maintain an immunization registry for children. By January 1, 1996, the department shall incrementally require all local public health departments to report, in a designated format, the record of each immunization given. Other health care providers or any third party payor or health insurance entity regulated by the department of commerce and insurance doing business in Tennessee, or any entity that has elected, organized and qualified as a self-insured entity may likewise report such records. Information from the registry shall be available to parents and legal guardians; health care providers; any third party payor or health insurance entity regulated by the department of commerce and insurance doing business in Tennessee; any entity that has elected, organized and qualified as a self-insured entity; and schools, child care facilities, and other institutions having care or custody of children.

(d) The commissioner of health shall report to the members of the health and human resources committee of the house of representatives, the senate general welfare committee, the select joint committee on children and youth, and the TennCare oversight committee, by March 1 of each year, on the immunization rates in each county and improvements or changes made during the preceding year.

**37-10-402. Conflict with religious tenets and practices of parent.**

In the absence of an epidemic or immediate threat thereof, this section does not apply to any child whose parent or guardian files with proper authorities a signed, written statement that such immunization and other preventative measures conflict with the religious tenets and practices of the parent or guardian affirmed under penalties of perjury.

**Tennessee Code  
Title 49 Education  
Chapter 6 Elementary and Secondary Education  
Part 50 —Immunization of School Children**

**49-6-5001. General provisions.**

(a) The commissioner of health is authorized, subject to the approval of the public health council, to designate diseases against which children must be immunized prior to attendance at any school, nursery school, kindergarten, preschool or child care facility of Tennessee.

(b)

(1) It is the responsibility of the parents or guardian of children to have their children immunized, as required by subsection (a).

(2) In the absence of an epidemic or immediate threat thereof, this section shall not apply to any child whose parent or guardian shall file with school authorities a signed, written statement that such immunization and other preventive measures conflict with the parent's or guardian's religious tenets and practices, affirmed under the penalties of perjury.

(c)

(1) No children shall be permitted to attend any public school, nursery school, kindergarten, preschool or child care facility until proof of immunization is given the admissions officer of the school, nursery school, kindergarten, preschool or child care facility except as provided in subsection (b).

(2) No child shall be denied admission to any school or school facility if such child has not been immunized due to medical reasons if such child has a written statement from the child's doctor excusing the child from such immunization.

(3) No child or youth determined to be homeless shall be denied admission to any school or school facility, if the child or youth has not yet been immunized or is unable to produce immunization records due to being homeless. The enrolling school shall comply with any and all federal laws pertaining to the educational rights of homeless children and youth, including the McKinney-Vento Homeless Assistance Act, 42 U.S.C. § 1141 et seq.

(d) Each child attending any school, nursery school, kindergarten, preschool or child care facility without furnishing proof of immunization or exception under subsection (b) and/or (e), shall not be counted in the average daily attendance of students for the distribution of state school funds.

(e) Any immunization specified hereunder shall not be required if a qualified physician shall certify that administration of such immunization would be in any manner harmful to the child involved.

(f) The commissioner shall promulgate rules and regulations necessary to carry out this section.

(g) By October 1 of each year, the commissioner shall report the number of children in the state during the preceding school year who were determined to be homeless and who enrolled in public schools without being immunized or being able to produce immunization records and the average length of time required for these children to be immunized or to obtain their immunization records. The report shall be submitted to the education committees of the senate and of the house of representatives.

#### **49-6-5002. Certificate of immunization**

(a) Proof of immunization shall be established by a certificate of immunization listing all immunizations which a child has received. Such certificates shall be signed by a physician or a health care provider administering immunizations. Beginning with the 1986 school year, all certificates of immunization shall be on forms furnished by the department of health.

(b) The certificate of immunizations required of any child who has not received all immunizations required by the commissioner of health, under the provisions of § 49-6-5001(a), shall be forwarded to the commissioner. The commissioner shall be responsible for monitoring the health records and notifying the student's legal guardian(s) and the local school system in the case of noncompliance with immunization requirements.

#### **49-6-5003. Hepatitis B immunization.**

(a) The department of health shall create a plan to protect young Tennesseans against Hepatitis B by immunization and to prevent the spread of the disease. The department shall provide a report summarizing the plan to the general assembly by January 15, 1998.

(b) The department shall by January 15, 1998, also promulgate the necessary rules to add Hepatitis B to the schedule of immunizations required for kindergarten entry for the 1999-2000 school year.

#### **49-6-5005. Information about meningococcal disease and the effectiveness of vaccination.**

LEAs shall ensure that schools provide parents and guardians with information about meningococcal disease and the effectiveness of vaccination against meningococcal disease at the beginning of every school year. This information shall include the causes, symptoms, and means by which meningococcal disease is spread and the places where parents and guardians may obtain additional information and vaccinations for their children. Nothing in this section shall be construed to require an LEA or school to provide or purchase vaccine against

meningococcal disease.

**TENNESSEE STATE RULES AND REGULATIONS  
CHAPTER 1200. HEALTH, ENVIRONMENT AND CONSERVATION  
CHAPTER 1200-14. BUREAU OF HEALTH SERVICES ADMINISTRATION,  
DIVISION OF COMMUNICABLE AND ENVIRONMENTAL DISEASE SERVICES  
AIDS PROGRAM DIVISION  
CHAPTER 1200-14-1. COMMUNICABLE AND ENVIRONMENTAL DISEASES**

**1200-14-1-.29 IMMUNIZATION AGAINST CERTAIN DISEASES PRIOR TO SCHOOL ATTENDANCE IN TENNESSEE.**

(1) No person shall be permitted to attend any nursery school, day care center, Head Start center, Kindergarten, or other pre-school, day care or grades kindergarten through twelve of any public, private, or church related school until proof of adequate immunization against diphtheria, measles (rubeola), pertussis (whooping cough), poliomyelitis, rubella, mumps and tetanus is presented to the admissions officer of the school (unless otherwise exempted as provided by law). It shall be the duty of the school to enforce the provisions of this regulation, subject to the exemptions as set out in T.C.A. §49-6-5001(b).

(2) The state and county health departments are authorized to provide proof of immunization to the admissions officer of any school in the state of Tennessee. For the purpose of this subsection, the term school shall include nursery schools, kindergartens, other pre-schools, day care centers and facilities, after school day care facilities, grades kindergarten through twelve of any public, private or churchrelated schools, vocational schools, technical schools, colleges and universities in the state of Tennessee. The Commissioner has further determined that in order to more efficiently bring about compliance with the immunization law, the state and county health departments are further authorized to provide proof of immunization to physicians who are evaluating a school-aged patient's immunization status.

(3)

(a) Effective July 1, 1998, proof of immunization with two doses of Measles, Mumps and Rubella vaccines, administered on or after the first birthday, will be required for admission into grades kindergarten, four, eight, and twelve.

(b) Effective July 1, 2001, proof of immunization with two doses of Measles, Mumps and Rubella vaccines, administered on or after the first birthday, will be required for attendance in grades kindergarten through twelve.

(4) Effective May 1, 1999, proof of immunization with two doses of Measles, Mumps and Rubella vaccines, administered on or after the first birthday, will be required for full-time students, defined as COMMUNICABLE AND ENVIRONMENTAL DISEASES CHAPTER 1200-14-1 (Rule 1200-14-1-.29, continued) November, 2004 (Revised) 16 students taking 12 hours or more of academic credits or other hours as defined as full-time by institutional policy, at all universities and colleges with an enrollment greater than two hundred students.

(5) Effective July 1, 1999, proof of adequate immunization against Hepatitis B will be required prior to entry into kindergarten.

(6) Effective September 1, 1999, for all children born on or after September 1, 1998, proof of adequate immunization against varicella, or a history of varicella illness, will be required for attendance in licensed child care facilities.

(7) Reserved

(8) Effective July 1, 2002, proof of immunization against varicella, or a history of the disease provided by a parent or physician, will be required prior to entry into kindergarten.

(9) Effective July 1, 2002, proof of adequate immunization against Hepatitis B will be required prior to entry into the seventh grade.