

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

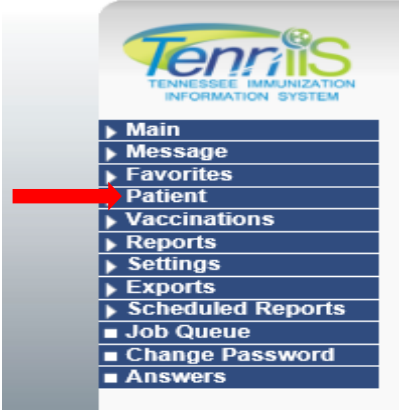
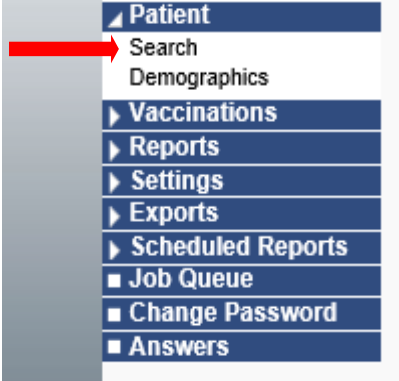
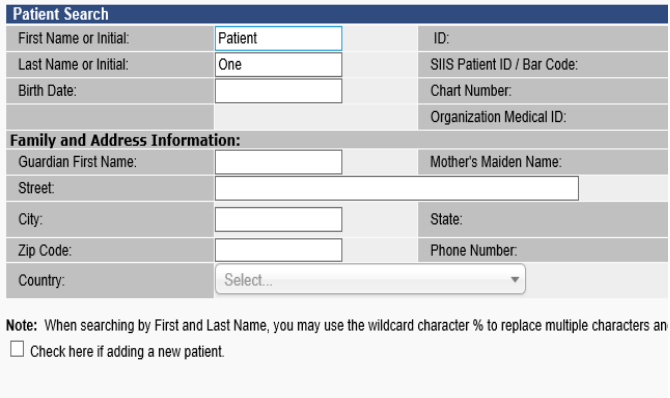
## Description of this guide:

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](mailto:TennIIS.Training@tn.gov) or 844-206-9927 with questions about this quick reference guide.

Searching for a Patient	
<p>1) Using the Navigation Menu, click on the "Patient" menu heading.</p>	
<p>2) Click "Search".</p>	
<p>3) Enter search criteria using these three search tips:</p> <ul style="list-style-type: none"> <li>•Enter patient's first name and last name</li> <li>OR</li> <li>•Enter patient's first name or last name and birth date</li> <li>OR</li> <li>•Enter "%" (wildcard) in the first and last name fields to replace multiple characters</li> </ul>	

Please contact [TennIIS.Training@tn.gov](mailto:TennIIS.Training@tn.gov) or 844-206-9927 with questions about this quick reference guide.

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

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

**Patient Search** Click here to use the 'advanced' search

First Name or Initial: Patient ID: \_\_\_\_\_  
 Last Name or Initial: One SIRS Patient ID / Bar Code: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Chart Number: \_\_\_\_\_  
 Organization Medical ID: \_\_\_\_\_

**Family and Address Information:**

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

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.

**Search**

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: Patient ID: \_\_\_\_\_  
 Last Name or Initial: One SIRS Patient ID / Bar Code: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Chart Number: \_\_\_\_\_  
 Organization Medical ID: \_\_\_\_\_

**Family and Address Information:**

Guardian First Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: Select...  
 Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Country: United States X

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.

Clear Search

---

**Patient Search Results**

Records Found = 2 Search Criteria: First Name / Last Name (Exact)

Show 100 entries

First Name	Middle Name	Last Name	Birth Date	SIRS Patient ID	Grid First Name
PATIENT	ONE	JACKSON	09/10/2013	10762205	STEVE JACKSON
PATIENT	ONE	SMITH	02/24/2008	10769212	STEVE SMITH

Showing 1 to 2 of 2 entries

6) Patient Demographic Master View will display.

**Patient Demographic Master View**

**Record Info**

SIRS Patient ID: [REDACTED]  
 Organization (IRMS) Owner: -  
 Facility Owner: -  
 Entry Date: 09/03/2020 09:17:25 AM Last Update: 09/03/2020 09:17:25 AM  
 Organization Medical ID: \_\_\_\_\_

**Status**

**Patient Status:** Inactive

**Patient**

First Name: PATIENT Race: White  
 Middle Name: ONE Ethnicity: UNKNOWN  
 Last Name: ONE Language: \_\_\_\_\_  
 Suffix: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Birth Date: 09/10/2013 Medicaid #: \_\_\_\_\_  
 Birth File #: \_\_\_\_\_ Multi Birth Indicator: N  
 Age: 351 weeks, 80 months, 0 yrs Birth Order: \_\_\_\_\_  
 Reminder/Recall Publicity Code: \_\_\_\_\_ Recall Attempts: 0  
 Sex: MALE Military: \_\_\_\_\_  
 Mother Maiden Nm: SMITH VFC status: (Unknown)  
 Vaccine Supply: PRIVATE

**Primary Address**

Address 1: 1250 HART LANE Address 2: \_\_\_\_\_  
 City: ADAMS State: TN  
 Zip Code: 37010  
 Email: \_\_\_\_\_  
 Country: United States County/Parish: ROBERTSON

**Family & Contact**

Guardian 1 First: STEVE Guardian 1 SSN: \_\_\_\_\_  
 Guardian 1 Middle: \_\_\_\_\_ Guardian 2 First: \_\_\_\_\_  
 Guardian 1 Last: JACKSON Guardian 2 Last: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Use Code: \_\_\_\_\_ Equipment Type: \_\_\_\_\_

+ Alias  
 + School  
 + Birth & Death  
 + Associated Campaigns/Tiers  
 + Patient Specific Reports

Update Programs Opt Patient Out  
 Back Edit

---

**Patient Address History**

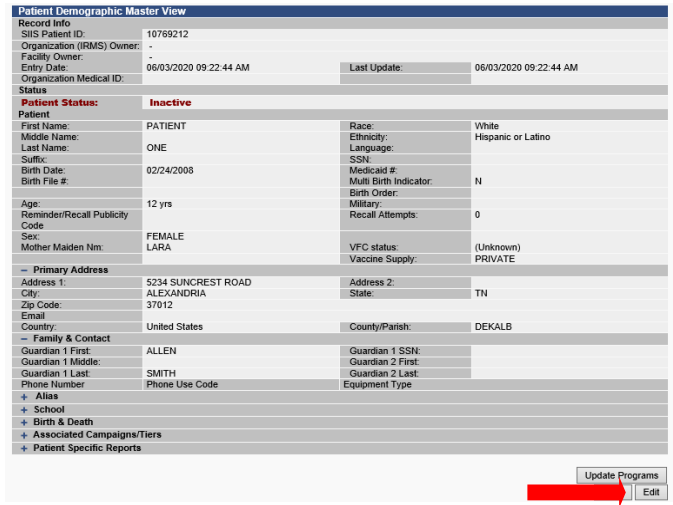
Address	Patient	Mother	Lang.	Last User to Update
1250 HART LANE ADAMS, TN 37010	PATIENT ONE	SMITH		WCUMBERLAND(815), 09/03/2020

Please contact [TennIIS.Training@tn.gov](mailto:TennIIS.Training@tn.gov) or 844-206-9927 with questions about this quick reference guide.

## 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  
 SSI# Patient ID: 10789212  
 Organization (RMS) Owner: -  
 Facility Owner:  
 Entry Date: 06/03/2020 09:22:44 AM Last Update: 06/03/2020 09:22:44 AM  
 Organization Medical ID:

Status  
**Patient Status:** Inactive

Patient  
 First Name: PATIENT Race: White  
 Middle Name: Ethnicity: Hispanic or Latino  
 Last Name: ONE Language: --select--  
 Suffix: --none-- SSN: --select--  
 Birth Date: 02/24/2008 Medicaid #: N  
 Birth File #: Multi Birth Indicator: Birth Order: --select--  
 Age: 12 yrs Military: --select--  
 Reminder/Recall Publicity Code: 0  
 Sex: FEMALE VFC status: (Unknown)  
 Mother Maiden Nm: LARA Vaccine Supply: PRIVATE

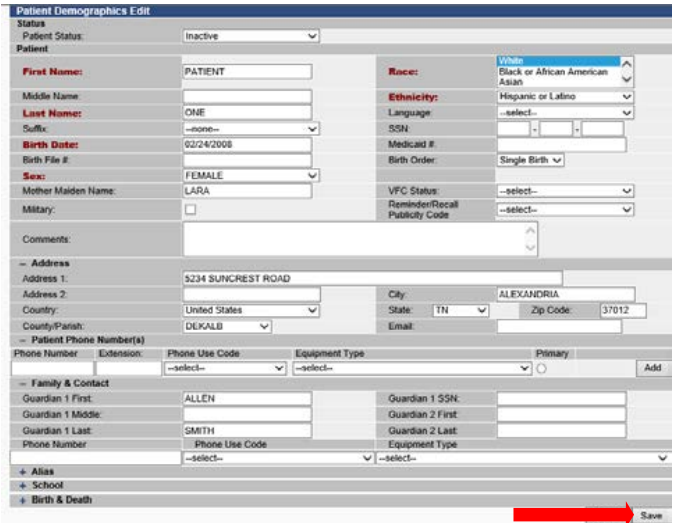
Primary Address  
 Address 1: 5234 SUNCREST ROAD Address 2:  
 City: ALEXANDRIA State: TN  
 Zip Code: 37012  
 Email:  
 Country: United States County/Parish: DEKALB

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

+ Alias  
 + School  
 + Birth & Death  
 + Associated Campaigns/Tiers  
 + Patient Specific Reports

Update Programs Edit

3) Edit the desired fields and click "Save".



**Patient Demographics Edit**

Status: Inactive

Patient  
 First Name: PATIENT Race: White  
 Middle Name: Ethnicity: Hispanic or Latino  
 Last Name: ONE Language: --select--  
 Suffix: --none-- SSN: --select--  
 Birth Date: 02/24/2008 Medicaid #: --select--  
 Birth File #: Birth Order: Single Birth  
 Sex: FEMALE VFC Status: --select--  
 Mother Maiden Name: LARA Reminder/Recall Publicity Code: --select--  
 Military:

Comments:

Address  
 Address 1: 5234 SUNCREST ROAD City: ALEXANDRIA  
 Address 2: City: ALEXANDRIA  
 Country: United States State: TN Zip Code: 37012  
 County/Parish: DEKALB Email:

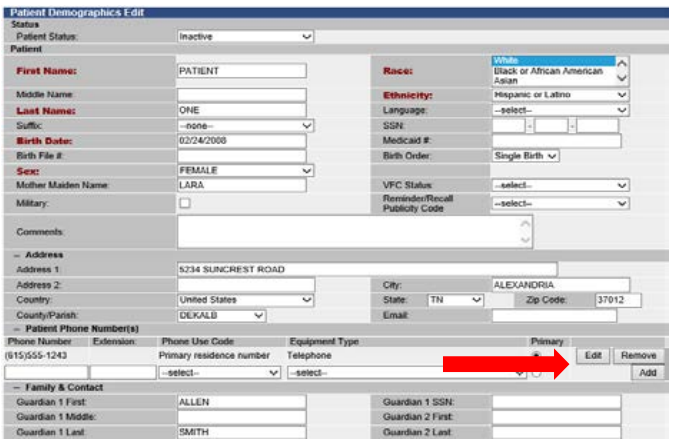
Phone Number(s)  
 Phone Number Extension Phone Use Code Equipment Type Primary  
 Add

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

+ Alias  
 + School  
 + Birth & Death

Save

Note: The "Phone Number" section contains an "Add" button to enter new phone numbers. Once entered, user will additionally have "Edit" and "Remove" keys to use respectively for the "Phone Number" section only.



**Patient Demographics Edit**

Status: Inactive

Patient  
 First Name: PATIENT Race: White  
 Middle Name: Ethnicity: Hispanic or Latino  
 Last Name: ONE Language: --select--  
 Suffix: --none-- SSN: --select--  
 Birth Date: 02/24/2008 Medicaid #: --select--  
 Birth File #: Birth Order: Single Birth  
 Sex: FEMALE VFC Status: --select--  
 Mother Maiden Name: LARA Reminder/Recall Publicity Code: --select--  
 Military:

Comments:

Address  
 Address 1: 5234 SUNCREST ROAD City: ALEXANDRIA  
 Address 2: City: ALEXANDRIA  
 Country: United States State: TN Zip Code: 37012  
 County/Parish: DEKALB Email:

Phone Number(s)  
 Phone Number Extension Phone Use Code Equipment Type Primary  
 (615)555-1243 Primary residence number Telephone Edit Remove  
 Add

Family & Contact  
 Guardian 1 First: ALLEN Guardian 1 SSN:  
 Guardian 1 Middle: Guardian 2 First:  
 Guardian 1 Last: SMITH Guardian 2 Last:

Please contact [TennIIS.Training@tn.gov](mailto:TennIIS.Training@tn.gov) or 844-206-9927 with questions about this quick reference guide.

4) Editing optional patient demographics:

**Patient Demographic Edit:**

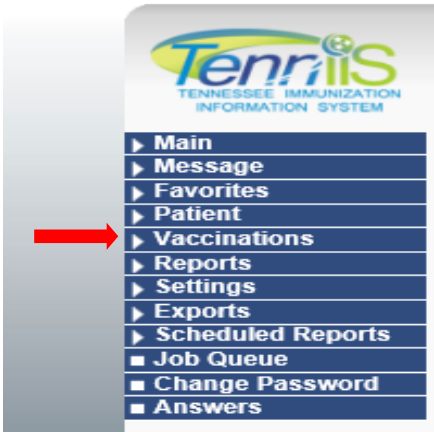
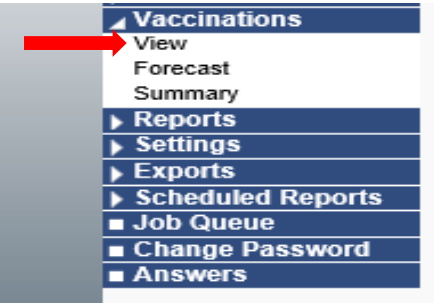
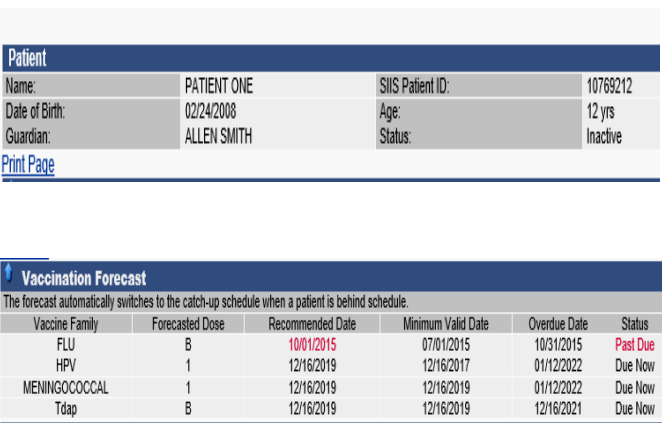
- **Language** – select language.
- **Birth Order** – if the patient is a twin, triplet, etc., enter the birth order in the first dropdown.
- **Inactivate Patient** – use the inactive dropdown menu to select the appropriate status.
- **VFC Status** – select the patient’s VFC status from the dropdown 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) <a href="#">Search for the patient</a> 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"> <li>• Patient</li> <li>• Vaccination Forecast: <ul style="list-style-type: none"> <li>o Vaccine Family name displays if series not complete</li> <li>o Recommended Date is routine ACIP schedule</li> <li>o Minimum Valid Date is earliest vaccine could be given to be valid dose</li> <li>o Status is as of today and will be either Past Due, Due Now, or Not Yet Due</li> </ul> </li> </ul>	 <p><b>Patient</b></p> <table border="1"> <tr> <td>Name:</td> <td>PATIENT ONE</td> <td>SIS Patient ID:</td> <td>10769212</td> </tr> <tr> <td>Date of Birth:</td> <td>02/24/2008</td> <td>Age:</td> <td>12 yrs</td> </tr> <tr> <td>Guardian:</td> <td>ALLEN SMITH</td> <td>Status:</td> <td>Inactive</td> </tr> </table> <p><a href="#">Print Page</a></p> <p><b>Vaccination Forecast</b></p> <p>The forecast automatically switches to the catch-up schedule when a patient is behind schedule.</p> <table border="1"> <thead> <tr> <th>Vaccine Family</th> <th>Forecasted Dose</th> <th>Recommended Date</th> <th>Minimum Valid Date</th> <th>Overdue Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>FLU</td> <td>B</td> <td>10/01/2015</td> <td>07/01/2015</td> <td>10/31/2015</td> <td>Past Due</td> </tr> <tr> <td>HPV</td> <td>1</td> <td>12/16/2019</td> <td>12/16/2017</td> <td>01/12/2022</td> <td>Due Now</td> </tr> <tr> <td>MENINGOCOCCAL</td> <td>1</td> <td>12/16/2019</td> <td>12/16/2019</td> <td>01/12/2022</td> <td>Due Now</td> </tr> <tr> <td>Tdap</td> <td>B</td> <td>12/16/2019</td> <td>12/16/2019</td> <td>12/16/2021</td> <td>Due Now</td> </tr> </tbody> </table>	Name:	PATIENT ONE	SIS Patient ID:	10769212	Date of Birth:	02/24/2008	Age:	12 yrs	Guardian:	ALLEN SMITH	Status:	Inactive	Vaccine Family	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status	FLU	B	10/01/2015	07/01/2015	10/31/2015	Past Due	HPV	1	12/16/2019	12/16/2017	01/12/2022	Due Now	MENINGOCOCCAL	1	12/16/2019	12/16/2019	01/12/2022	Due Now	Tdap	B	12/16/2019	12/16/2019	12/16/2021	Due Now
Name:	PATIENT ONE	SIS Patient ID:	10769212																																								
Date of Birth:	02/24/2008	Age:	12 yrs																																								
Guardian:	ALLEN SMITH	Status:	Inactive																																								
Vaccine Family	Forecasted Dose	Recommended Date	Minimum Valid Date	Overdue Date	Status																																						
FLU	B	10/01/2015	07/01/2015	10/31/2015	Past Due																																						
HPV	1	12/16/2019	12/16/2017	01/12/2022	Due Now																																						
MENINGOCOCCAL	1	12/16/2019	12/16/2019	01/12/2022	Due Now																																						
Tdap	B	12/16/2019	12/16/2019	12/16/2021	Due Now																																						

Please contact [TennIIS.Training@tn.gov](mailto:TennIIS.Training@tn.gov) or 844-206-9927 with questions about this quick reference guide.

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

- Vaccination View
  - o \* after date = historical vaccination
  - o No \* after date = administered vaccination
  - o X in front of date = invalid vaccination

Vaccination View/Add						
(* - Historicals, # - Adverse Reaction, !1 - Warning, !2 - Warning, !3 - Warning, + - Unverified Historicals, ^ - Compromised Vaccination)						
Documented By: [REDACTED]						
Double-click in any date field below to enter the default date: 06/01/2020						
Vaccine	1	2	3	4	5	6
DTaP-Hib-IPV (Pentacel®)	02/17/2009 *	04/21/2008 *	08/23/2009 *			
DTaP-IPV (Kinrix® / Quadacel®)	07/03/2014 * 12					
Hep A, ped/adol, 2 dose (Vaqta® / Havrix®)	12/17/2009 *	12/20/2010 *				
Hep B, adolescent or pediatric	02/17/2009 *	07/14/2008 *	09/17/2009 *			
Influenza, seasonal, injectable (Afluria® MDV)	09/07/2009 *	10/19/2008 *	10/12/2010 *	11/03/2011 *	12/20/2013 *	
MMR (MMR II®)	12/17/2009 *	07/03/2014 *				
Pneumococcal conjugate PCV 13 (Prevnar 13®)	02/17/2009 *	04/21/2008 *	07/14/2009 *	03/22/2010 *		
influenza, live, intranasal	10/10/2014 *					
rotavirus, pentavalent (RotaTeq®)	02/17/2009 *	04/21/2008 *	07/14/2009 *			
varicella (Varivax®)	12/17/2009 *	03/22/2010 *	07/03/2014 * 13			
DTaP (Infanrix®)						
DTaP, 5 pertussis antigens (Daptacel®)						

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	SIIS Patient ID:	10769212
Date of Birth:	03/24/2006	Age:	12 yrs
Guardian:	ALLEN SMITH	Status:	Inactive
Vaccination Detail			
Vaccine:	Hep B, adolescent or pediatric (Recombivax HB® / EngerixB®)		
Date Administered:	06/24/2008		
Historical:	Yes		
Provider Noted on Record:			
Lot Noted on Record:			
Manufacturer Noted on Record:			
Manufacturer:			
Lot Number:			
Lot Facility:			
Funding Source:			
Vaccinator:			
Organization (IRMS):	[REDACTED]		
Facility:			
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:			
<input type="button" value="Cancel"/> <input type="button" value="Edit Record"/> <input type="button" value="Delete Record"/> <input type="button" value="Add/Edit Adverse Reactions"/>			

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

## Generating the official TN Certificate of Immunization

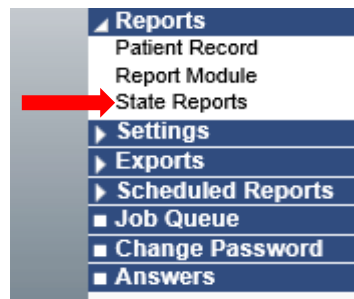
Note: The Tennessee Immunization Certificate is required for children in child care or pre-school, and when they enroll for the first time in a school located in Tennessee. In addition, all currently enrolled students entering 7th grade must provide a certificate showing they have had the vaccines required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

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

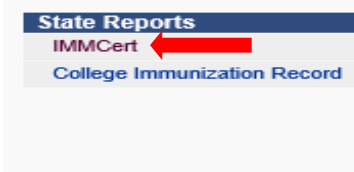
2) Using the Navigation Menu, click on the "Reports" menu heading.



3) Click "State Reports".

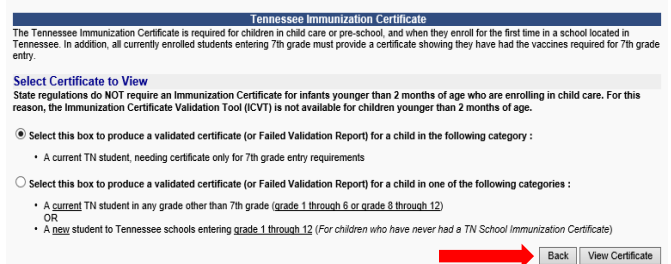


4) Click "IMMCert" (this link is only available for patients less than 20 years old).



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](mailto:TennIIS.Training@tn.gov) or 844-206-9927 with questions about this quick reference guide.



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

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

Please contact [TennIIS.Training@tn.gov](mailto:TennIIS.Training@tn.gov) or 844-206-9927 with questions about this quick reference guide.



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

## 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**

**TN Department of Health**

ONE, PATIENT, 02/24/2008  
 Child's Name (Last name, first name, middle) SMITH, ALLEN, (DOB) (month/day/yr)  
 Parent/Guardian Name (Last name, first name, middle)  
 Phone (Please include area code xxx-xxx-xxxx)  
 5234 SUNCREST ROAD  
 Address ALEXANDRIA TENNESSEE 37012  
 City State Zip Code

**Section 1a. Religious Exemption**  
 Check here if religious exemption to immunization is selected by parent/guardian.  
**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 of this for each child to attend in any school or child care facility in Tennessee. Detailed instructions for this form and supplemental requirements are in "Form Necessary of Immunization Review Certificate Instructions" at the Tennessee Department of Health website <http://www.tn.gov/health/immunization/immunizationcertificates.htm> and on the Tennessee Immunization Information System ([www.tn.gov/health/immunization/immunizationcertificates.htm](http://www.tn.gov/health/immunization/immunizationcertificates.htm)).

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	DATE MM/DD/YY	Age (M)	Age (D)	Age (Y)	Age (M)	Age (D)	Age (Y)
<b>Section 2a. Required Vaccines for School or Child Care Attendance (Dates Required)</b>													
MM (Child Care Only 18 years)													
Pneumococcal (PCV) <i>(Child Care Only 18 years)</i>													
DTP, DTap, DT, Td	12/04/2013	02/26/2014	04/23/2014	06/12/2018	04/30/2019								
Polio/myelitis	12/04/2013	02/26/2014	04/23/2014	04/30/2019									
Hepatitis B <i>(Child Care 18-18 years 2-dose schedule used)</i>	06/24/2004	04/01/2020											
Hepatitis A <i>(Child Care Facility 10011 Kingergarten Infectious 10011)</i>	06/26/2014	05/26/2016											
Measles	01/01/2019	04/30/2019											
Mumps	01/01/2019	04/30/2019											
Rubella	01/01/2019	04/30/2019											
Varicella	06/20/2014	04/30/2019											
Tdap Booster <i>(No Vaccine Entry Due)</i>													
<b>Section 2b. Recommended Vaccines (Documentation Optional)</b>													
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  
 Only if requirements incomplete, but up to date for age. Expires at 19 months of age.

C) Complete for Child Care / Pre-School\*  
 Fulfills all requirements for child care / pre-school or pre-K under 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.

PH-4103 (Rev. 1/18)