

# Immunization Exemption Form

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student ID # \_\_\_\_\_

I understand that under Tennessee law and/or University of Tennessee, Knoxville, policy, newly enrolled students in a Tennessee Institution of higher education are required to either be vaccinated against the below stated diseases or to obtain a medical or religious waiver from this law. I have reviewed the CDC website information regarding the indicated immunizations at [cdc.gov/vaccines/pubs/vis/default.htm](http://cdc.gov/vaccines/pubs/vis/default.htm) and understand the possible risks of not receiving immunizations include: becoming infected with the disease, death, transmitting vaccine-preventable disease to others, exclusion from school, or house quarantine during an outbreak.

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## MEDICAL EXEMPTION

The following indicated immunization(s) is/are medically contraindicated for this student:

Measles                       Varicella                       Other \_\_\_\_\_

Mumps                       Hepatitis B Series

Rubella                       Meningitis

Reason for Exemption \_\_\_\_\_

This Exemption shall continue until \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Physician \_\_\_\_\_ License # \_\_\_\_\_

Address of Physician \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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## RELIGIOUS EXEMPTION

The following indicated immunization(s) is/are prohibited by my religious beliefs and practices:

Measles                       Varicella                       Other \_\_\_\_\_

Mumps                       Hepatitis B Series

Rubella                       Meningitis

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Important: If the student is under age 18, a parent/guardian must also sign this waiver.