

Immunization Exemption Form

Student's Last Name _____ First Name _____ Middle Name _____

Date of Birth (mm/dd/yyyy) _____ 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](https://www.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.

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 _____

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.