IMMUNIZATION EXEMPTION FORM

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 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

___ Measles ___ Varicella ___ Influenza

___ Mumps ___ Hepatitis B Series

___ Rubella ___ Meningitis ___ Other (specify) _____

Reason for Exemption: _____

This exemption shall continue until: _____

Signature of Physician: _____ Date: _____

Printed Name of Physician: _____ License #: _____

Address of Physician: _____
street city state zip code

RELIGIOUS EXEMPTION

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

___ Measles ___ Varicella ___ Influenza

___ Mumps ___ Hepatitis B Series

___ Rubella ___ Meningitis ___ Other (specify) _____

Student's Signature: _____ Date: _____

Printed Name of Parent/Guardian*: _____

Signature of Parent/Guardian*: _____ Date: _____

***IMPORTANT:** If the student is under age 18, a parent or guardian must also sign this waiver