



Student Health Center
Immunization Exemption Form (SHC 3/28/2013)

Student's Last Name (please print) First Name Middle Name Date of Birth

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 <http://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:

- | | | |
|----------------------------------|---------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis B Series | |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> 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:

- | | | |
|----------------------------------|---------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Hepatitis B Series | |
| <input type="checkbox"/> Rubella | <input type="checkbox"/> 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.