

IMMUNIZATION EXEMPTION FORM

Students at the University of Tennessee Health Science Center (UTHSC) may request an exemption from required immunizations. A physician or other health care provider may exempt a student from a vaccination if the risk of harm to the student receiving the vaccine is greater than the individual and/or societal risk of being unvaccinated. A signed statement by the student or guardian may exempt a student from immunizations if it conflicts with the individual's religious tenets or practices. This form must be completed and signed by a health care provider, a college representative, and/or student or guardian noting the exemption, and returned to University Health Services (UHS).

Possible risks of not immunizing include: becoming infected with the disease, death, transmitting vaccine-preventable disease to others, exclusion from school or house quarantine during an outbreak, and/or a delay in clinical placement. Clinical affiliates may impose additional restrictions or require additional documentation.

Student Name _____
Date of Birth

Signature of College Representative _____
Date

Medical Exemption

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

_____ Measles _____ Varicella
_____ Mumps _____ Hepatitis B Series
_____ Rubella _____ TD/Tdap
_____ Other _____

Reason for exemption(s): _____

This exemption shall continue until: _____

Printed Name of Healthcare Provider Address: _____

Signature of Healthcare Provider _____
Date

Religious Exemption

I am fully aware of the risks of not vaccinating as described by the Centers for Disease Control, and the American Medical Association; but, pursuant to Tennessee Code Annotated §49-6-5001 (b)(2), I am declining the following vaccination(s) because the vaccinations conflict with my religious tenets and practices.

_____ Measles _____ Varicella
_____ Mumps _____ Hepatitis B Series
_____ Rubella _____ TD/Tdap
_____ Other _____

Signature of Student/Guardian/Clergy _____
Date