I understand that under Tennessee law and/or the University of Tennessee Health Science Center (UTHSC) policy, I may request an exemption from required immunizations under this law. I have reviewed the CDC website information regarding the indicated immunizations at cdc.gov/vaccines/pubs/vis/default.htm.

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

A licensed physician may exempt an individual from vaccination if the risk of harm due to the vaccine is greater than the individual and/or societal risk of being unvaccinated. A signed statement by the individual or guardian, if applicable, may exempt one from immunizations if it conflicts with the individual’s religious tenets or practices. This form must be completed and signed, noting the exemption. Please keep a record of this form in the event it is requested.

**MEDICAL EXEMPTION**

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

☐ Measles ☐ Mumps ☐ Rubella ☐ Influenza ☐ Varicella ☐ Hepatitis B Series ☐ TD/Tdap ☐ Other

Reason for exemption(s):

__________________________________________________________________________________________

This exemption shall continue until:

__________________________________________________________________________________________

Printed Name of Physician

Signature of Physician

Physician’s State and License #

**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 ☐ Mumps ☐ Rubella ☐ Influenza ☐ Varicella ☐ Hepatitis B Series ☐ TD/Tdap ☐ Other

Signature of Employee/Student/Guardian/Clergy

Date