



STUDENT HEALTH SERVICES IMMUNIZATION EXEMPTION

Student Health Services, 3500 John A. Merritt Blvd
Kean Hall, Room 304, Nashville, TN 37209
615.963.5291 | studenthealthservices@tnstate.edu

Name

Date

Date of Birth

T Number

Email

Phone Number

I understand that under Tennessee law and/or Tennessee State University 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 Tennessee Department of Health website information regarding the indicated immunizations at <https://www.tn.gov/health/cedep/immunization-program/ip/immunization-requirements/college-immunization-requirements.html> and understand that 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.

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:

- Measles Mumps Rubella Influenza Varicella Hepatitis B Series TD/Tdap Meningitis, on campus

Reason for exemption(s): _____

This exemption shall continue until: _____

Printed Name of Physician

Address

Signature of Physician

Date

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. I declare under penalty of perjury that the foregoing is true and correct.

- Measles Mumps Rubella Influenza Varicella Hepatitis B Series TD/Tdap Meningitis, on campus

Signature of Student/Guardian, if applicable/Clergy

Date