

TENNESSEE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
DEPARTMENT OF EDUCATION

Child's Name _____ DOB: _____
Parent/Legal Guardian Name _____
Address _____ City _____ State _____ Zip _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW - TENNESSEE

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO
EXCLUSION FROM SCHOOL AND QUARANTINE.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

Medical exemption to the following vaccine(s).

Signed _____ Date: _____ Optional to list: _____
(Physician)

RELIGIOUS EXEMPTION: Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I am declining vaccination(s) for my child because the vaccinations conflict with my religious tenets and practices.

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

Religious exemption to the following vaccine(s).

Signed _____ Date: _____ Optional to list: _____
(Parent, Guardian, Emancipated Student/Consenting Minor)