

Are you a:  UT Employee  UT Student  UT Resident  UT Post-Doc  Other

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student/Employee ID# \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

College or Department \_\_\_\_\_

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](https://www.cdc.gov/vaccines/pubs/vis/default.htm). **This form is specific to UTHSC and cannot be used for official documentation to a third party/clinical site as a request for exemption from the COVID-19 immunization.**

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 \_\_\_\_\_ 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.

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

Signature of Employee/Student/Guardian/Clergy \_\_\_\_\_ Date \_\_\_\_\_