

UTM Vaccination Exemption Form

(Download, print, complete and submit to Medica Patient Portal)

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

DATE OF BIRTH: ____/____/____ **STUDENT ID:** _____

I understand that under Tennessee law and/or University of Tennessee, Martin, policy, enrolled students are required to either be vaccinated against the below stated diseases or to obtain a medical or religious waiver. I have reviewed the CDC website information regarding the indicated vaccinations at <https://www.cdc.gov/vaccines/index.html> and understand the possible risks of not receiving immunizations include: becoming infected with the disease, death, and transmitting vaccine-preventable disease to others. I agree to hold the University of Tennessee at Martin harmless in the event of any illness or injury resulting from noncompliance with this requirement. I understand that in case of an outbreak of disease, I may be temporarily excluded from classes, residence halls or campus events and that this may not be an excused absence.

Student's Signature: _____ Date: ____/____/____

Please complete the appropriate section:

RELIGIOUS EXEMPTION: The following immunization(s) is/are prohibited by my religious beliefs and practices:

___ Measles ___ Mumps ___ Rubella

___ Meningococcal ___ Varicella ___ Hepatitis B Series

Student's Signature: _____ Date: ____/____/____

If the student is under age 18, a parent/guardian must also sign

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: ____/____/____

MEDICAL EXEMPTION: A health care provider MUST complete this section.

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

___ Measles ___ Mumps ___ Rubella

___ Meningococcal ___ Varicella ___ Hepatitis B Series

Reason for Exemption: _____

This exemption shall continue until: _____

Signature of Health Care Provider: _____ Date: ____/____/____

Printed Name of Health Care Provider: _____ License #: _____

Address of Health Care Provider: _____

City: _____ State: _____ Zip: _____