

Clarksville-Montgomery County School System
HEALTH SERVICES

REQUEST FOR EXEMPTION FROM IMMUNIZATIONS

Child's Name: _____ Address: _____

Parent/Guardian Name: _____ State: _____ Zip: _____

I have been advised that my child or ward (named above) is required to receive the following vaccines, in compliance with Tennessee Code Annotated 49-6-5001, but have decided to decline the following vaccinations for my child:

Declined (Check all that apply):

_____ Hepatitis A Vaccine	_____ Measles Mumps, Rubella (MMR)
_____ Hepatitis B Vaccine	_____ Varicella (Chickenpox) Vaccine
_____ Diphtheria, Tetanus, Pertussis Vaccine/Booster	_____ Polio (OPV/IPV) Vaccine
_____ Diphtheria, Tetanus Vaccine	_____ Other - _____

I have been given the opportunity to read the Centers for Disease Control and Prevention's (CDC) Vaccine Information Sheets (VIS) explaining the above vaccines and the diseases they prevent. I have had the opportunity to discuss these with my child's healthcare provider or the health department and to have my questions, if any, answered. By signing below, I acknowledge that I understand the following:

- The purpose and the need for the recommended vaccines
- The risks and benefits of the recommended vaccines
- If my child does not receive the vaccines, I accept the consequences of my decision, which may include:
 - My child contracting the illness the vaccine should prevent
 - My child transmitting the disease to others
 - My child may be asked to leave school in the event of an epidemic and remain away from school until such time as the threat of epidemic has subsided. I understand that such absences may not be excused. In making this request for exemption, I agree to abide by the reasonable requests of school officials, and agree to keep my child home during periods of epidemic, or threat of epidemic.

I have decided to decline the vaccinations (indicated above) recommended for my child because the vaccinations conflict with my personal religious beliefs. I affirm this statement under the penalty of perjury.

I acknowledge that I have read this document in its entirety, and fully understand it.

Parent/Guardian: _____

Date: _____

Notary Public: _____

Date Commission Expires: _____