



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 B Vaccine
Measles Mumps, Rubella (MMR)
Diphtheria, Tetanus, Pertussis Vaccine
Varicella (Chickenpox) Vaccine
Diphtheria, Tetanus Vaccine
Polio (OPV/IPV) Vaccine

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: _____