Student Health Services
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Murfreesboro, TN 37132
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MIDDLE TENNESSEE STATE UNIVERSITY

Immunization Exemption Form

Student's name _____
Last First Middle

Date of Birth _____ **MTSU ID M#** _____

I understand that in accordance with Tennessee law, MTSU requires newly enrolled students to provide proof of **two doses of Measles, Mumps, and Rubella vaccine** and **two doses of Varicella (chicken pox) vaccine** administered on or after the first birthday.

To live in on-campus housing, all incoming students 21 years and younger must provide proof of **one Meningitis vaccine** on or after their 16th birthday.

By submitting this request for exemption:

- I understand that being unimmunized may increase my risk of serious illness, complications, or death from infectious diseases.
- I understand that if a vaccine-preventable or other communicable disease occurs on campus or in the MTSU area, I may be subject to isolation or quarantine under applicable public health and MTSU policies.
- I understand that during an outbreak, I may be required, at my own expense, to leave campus and not attend classes or receive the recommended immunization and comply with MTSU and local Health Department requirements.
- I understand that clinical sites set their own immunization requirements, which MTSU cannot override. Failure to meet these requirements may affect my participation in clinical rotations and academic progression.
- If my program includes clinical requirements, I will consult my Clinical Coordinator regarding how an immunization waiver may affect my clinical participation.

I request that I be exempt from the requirement to receive vaccination based on one of the following criteria:

Medical Exemption - All medical exemptions must be completed by your Physician

In my best professional judgment, based upon this individual's medical condition and history, the risk of harm from the vaccine outweighs the potential benefit; The following immunizations are medically contraindicated for this student:

☐ Measles ☐ Mumps ☐ Rubella ☐ Varicella ☐ Meningitis ☐ Hepatitis B ☐ Other: _____

Reason for exemption (Please provide supporting documentation. More information may be requested if clarification is needed. (Examples of ACIP contraindications include anaphylaxis, pregnancy, immunodeficiency, encephalopathy):

_____

This exemption shall continue until: _____

_____ _____
Printed name of Physician Address of Physician

_____ _____
Signature of Physician

_____ _____
Physician's State and License # Date

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 I am declining the following vaccination(s) because the vaccinations conflict with my religious tenets and practices. I affirm under penalty of perjury that the foregoing is true and correct.

☐ Measles ☐ Mumps ☐ Rubella ☐ Varicella ☐ Meningitis ☐ Hepatitis B ☐ Other: _____

_____
Signature of student (Guardian if student under 18 years of age)