

Received _____

Entered into Skyward under Special Medical Considerations:

Date: _____ By _____

Germantown Municipal School District
Immunization EXEMPTION Form

| | |
|------------------------------|--|
| Student Name (printed) | |
| Date of Birth | |
| Parent/Guardian (printed) | |
| Address | |
| Telephone Number | |

Grade _____

Waiver of Immunization Requirements

State Law (T.C.A. 49-6-5001) provides waiver of immunization requirements under the following conditions:

1. Absent epidemic or threat of epidemic, parents may object in writing, when immunization conflicts with the teachings and practice of a well recognized religious denomination to which the parents adhere. However, if an epidemic or threat of epidemic occurs, objections on the behalf of religious teaching are invalid.
2. Certificate in writing from a physician stating that such immunization would be harmful to the child involved is provided to the school for the student permanent file.

EXEMPTIONS

If your child has not received all the required immunizations, complete the appropriate section and return this form to your child's school.

Medical Exemption

The following immunizations are medically contraindicated and constitute a threat to the child's health (check appropriate vaccine below):

| | | | | |
|------------------------|-----|-------------|-----------|-----|
| DTaP | HIB | Hepatitis B | Polio | MMR |
| Varicella (Chickenpox) | | Hepatitis A | S. Pneumo | |

Physician's Signature _____ Date: _____