



MARYVILLE CITY SCHOOLS

520 S. WASHINGTON STREET, MARYVILLE, TN 37804

MARYVILLE-SCHOOLS.ORG

P. 865.982.7121 F. 865.263.8878

IMMUNIZATION EXEMPTION FORM

Students of Maryville City Schools may request an exemption from required immunizations. A signed statement by the student's parent or legal guardian may exempt a student from immunizations if it conflicts with the individual's religious tenets or practices. This form must be completed and signed by the parent or legal guardian noting the exemption and returned to the student's school.

Student Name

Date of Birth

Address

Phone Number

Parent/Legal Guardian

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, pursuant to Tennessee Code Annotated §49-6-5001 (b)(2), I am declining the following vaccination(s) because the vaccinations conflict with my religious tenets and practices.

- | | | |
|-------------------------------|--|-----------------------------|
| <input type="radio"/> Measles | <input type="radio"/> Varicella | <input type="radio"/> Other |
| <input type="radio"/> Mumps | <input type="radio"/> Hepatitis B Series | _____ |
| <input type="radio"/> Rubella | <input type="radio"/> TD/Tdap | |

I declare under penalty of perjury that the foregoing is true and correct.

Parent/Legal Guardian

Signature

Date

DIRECTOR OF SCHOOLS

DR. MIKE WINSTEAD

ASSISTANT DIRECTOR OF SCHOOLS

AMY VAGNIER

BOARD OF EDUCATION

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