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 of 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: _____

GERMANTOWN
MUNICIPAL SCHOOL DISTRICT