

**IMMUNIZATION EXEMPTION FORM  
2017-18  
Lakeland School System  
Coordinated School Health**

Received date _____
Entered in Skyward under Special Medical Considerations:
By _____
Date _____

<b>Student Name (print)</b>	
<b>Date of Birth</b>	
<b>Parent/Guardian Name</b>	
<b>Address</b>	
<b>Phone</b>	

**2017-18 grade level:**  pre-K  K  1  2  3  4  5  6  7  8  9  10  11  12

**Waiver of Immunization Requirements**

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

1. In the absence of 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 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's 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. Please check the appropriate vaccine below:

- |   |                              |                                      |   |
|---|------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Dtap                   | <input type="checkbox"/> HIB | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Polio              |
| <input type="checkbox"/> Varicella (Chickenpox) | <input type="checkbox"/> MMR | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Pneumococcal (PVC) |

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Religious Exemption**

Parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. State your reason for requesting a religious exemption:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Important:** Students exempted from immunizations may be excluded from school if one of these vaccine-preventable diseases is identified in the school. Children excluded from school will be prohibited from attending school until either the child is immunized and the danger of outbreak is past, or the child contracts the disease and completely recovers.

*Lakeland School System offers educational and employment opportunities without regard to race, color, creed, national origin, religion, sex, age, or disability and adheres to the provisions of the Family Rights and Privacy Act (FERPA).*