Tennessee Immunization Requirements – Medical Exemption

Student Name: _____

The following indicated immunizations are medical contraindicated for this student.
_____Measles _____Mumps _____Rubella _____Varicella

Reason for exemption: _____

The exemption shall continue until: _____

_____
Physician Signature Date

Print Name of Physician: _____ License Number: _____

Address of Physician: _____

_____