

## East Tennessee State University

Student/University Health Services

Suite 160 Roy S. Nicks Hall

P.O. Box 70675

Johnson City, TN 37614 Phone: 423-439-4225

I understand that East Tennessee State University in accordance with Tennessee Code concerning Immunization Against Certain Diseases Prior to School attendance requires proof of immunization with two doses of Measles, Mumps and Rubella vaccines and two doses of Varicella vaccine administered on or after the first birthday. To be compliant with ETSU housing policy, I understand that a proof of immunization with a Meningitis vaccine administered within in the last five years is required.

I request, in accordance with State, TBR and ETSU policy, an exemption from this requirement on the grounds that such immunization conflicts with my religious beliefs and practices which I affirm under the penalty of perjury.

THIS FORM MUST BE SIGNED BEFORE A NOTARY.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(please print)

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_

(Signature of parent or guardian required only if student under 18 years of age)

Sworn and subscribed before me this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary signature \_\_\_\_\_

Commission expires \_\_\_\_\_

NOTARY SEAL: