



East Tennessee State University  
University Health Services – PO Box 70675 – Room 160 Roy S. Nicks Hall - Johnson City, TN 37614-1707  
423-439-4225 – Fax: (423) 439-4560

## MEDICAL WAIVER FOR IMMUNIZATIONS

I understand that my State of Tennessee Immunization Requirements are not complete.  
I am not able to complete these requirements due to the following reasons:

- Allergic to vaccine
- Pregnancy: Due Date: \_\_\_\_\_
- Breastfeeding
- Medical condition: \_\_\_\_\_

I am requesting a medical exemption. Medical conditions, allergies, and pregnancy require medical documentation. A pregnancy exemption will terminate one month after the Due Date. Breastfeeding exemptions must be obtained each semester. Allergy and certain medical conditions will involve a total exemption.

Please complete this form. Bring or fax this form along with the necessary medical documentation to **ETSU Student/University Health** to obtain an immunization exemption.

Name: \_\_\_\_\_  
(printed)

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

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

Date: \_\_\_\_\_