

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 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: _____ Signature: _____
(please print)

Date of Birth: _____ Date: _____