

## Religious Exemption from Vaccination(s)

Child's Name \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I am declining vaccination(s) for my child because the vaccinations conflict with my religious tenets and practices.

I am declining the following vaccinations (check all that apply):

<input type="checkbox"/> All	<input type="checkbox"/> Haemophilus Influenza B (HIB)
<input type="checkbox"/> Pneumococcal Conjugate (Prevnar)	<input type="checkbox"/> Diphtheria
<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Measles	<input type="checkbox"/> Pertussis
<input type="checkbox"/> Mumps	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Rubella	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Varicella (Chicken Pox)	

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date