

STATE OF TENNESSEE  
DEPARTMENT OF EDUCATION

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 beliefs and practices.

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

Parent/Legal Guardian Signature

\_\_\_\_\_

Date \_\_\_\_\_