



Rhodes College

STUDENT HEALTH CENTER

REQUEST FOR AN EXEMPTION FROM IMMUNIZATION REQUIREMENT: MEDICAL REASONS

I understand that Rhodes College, in accordance with the 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. In order to live in on-campus housing, all incoming students 22 years and younger must provide proof of a Meningitis vaccine on or after their 16th birthday.

In accordance with the state and Rhodes College, I request an exemption from this requirement on the grounds that such immunization(s) is/are medically contraindicated, which I affirm under the penalty of perjury.

Date _____ Student ID No. _____

Name _____
(First) (Middle) (Last)

Current Mailing Address _____
(Street, City, State, Zip)

Student's Signature _____

Parent or guardian signature _____

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

MEDICAL PROVIDER ONLY:

The following indicated immunization(s) is/are medically contraindicated for this student:

Measles Varicella Mumps Hepatitis B Series
 Rubella Meningitis Other _____

Reason for Exemption _____

This Exemption shall continue until _____

Signature of Physician _____

Date _____

Printed Name of Physician _____ License # _____

Street Address of Physician _____

City, State, Zip _____