

Medical Contraindication Form

Student's Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ MTSU ID # _____

I understand that under Tennessee law and/or Middle Tennessee State University, policy, newly enrolled students in a Tennessee Institution of higher education are required to either be vaccinated against the below stated diseases or to obtain a medical or religious waiver from this law. I have reviewed the CDC website information regarding the indicated immunizations at cdc.gov/vaccines/pubs/vis/default.htm and understand the possible risks of not receiving immunizations include: becoming infected with the disease, death, transmitting vaccine-preventable disease to others, exclusion from school, or house quarantine during an outbreak.

MEDICAL EXEMPTION

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

Measles Mumps Rubella
 Varicella Hepatitis B Series Meningitis
 Other (please specify) _____

Reason for Exemption: _____

This Exemption shall continue until: _____

Signature of Physician: _____ Date: _____

Printed Name of Physician _____ License # _____

Address of Physician _____

City, State, Zip _____