

Student Health Center

The University of Memphis
200 Hudson Health Center
Memphis, Tennessee 38152
Phone: (901) 678-2287
Fax: (901) 678-3124



**REQUEST FOR AN EXEMPTION FROM IMMUNIZATION
REQUIREMENT: RELIGIOUS REASONS**

I understand that the University of Memphis in accordance with 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 21 years and younger must provide proof of a **Meningitis** vaccine on or after their 16th birthday.

I request, in accordance with state and University of Memphis policy, an exemption from this requirement on the grounds that such immunizations conflict with my religious beliefs and practices, which I affirm under the penalty of perjury.

THIS FORM MUST BE SIGNED BEFORE A NOTARY.

Name _____
(Last) (First) (Middle)

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

Date _____ Student ID No. U _____

Signature _____

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

Sworn and subscribed before me this _____ of _____ 20 _____

Notary Signature _____

Commission expires _____

NOTARY SEAL