

UTM Flu Vaccination Exemption Form

(Download, print, complete and submit to [Med+Proctor](#))

LAST NAME: _____ FIRST NAME: _____ MI: _____

DATE OF BIRTH: ___/___/_____ STUDENT ID: _____

On June 26, the UT Board of Trustees approved an emergency resolution authorizing the University of Tennessee System to require CDC or Department of Health recommended vaccines for all faculty, staff and students that are deemed to aid in preventing, controlling, or monitoring the spread of COVID-19. This includes the flu immunization.

The vaccinations requirements are to protect the health and safety of the university community and are based on the advice of public health experts to help decrease the chances of a flu outbreak masking a COVID-19 outbreak. As the CDC has noted, the flu vaccine "will be more important than ever" in the 2020-21 flu season because of the potential for the flu virus and the virus that causes COVID-19 to be spreading at the same time. The CDC states "Influenza is a potentially serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently, but millions of people get flu every year, hundreds of thousands of people are hospitalized and thousands to tens of thousands of people die from flu-related causes every year. An annual seasonal flu vaccine is the best way to help protect against flu. Vaccination has been shown to have many benefits including reducing the risk of flu illnesses, hospitalizations and even the risk of flu-related death in children."

I understand that under Tennessee law and/or University of Tennessee, Martin, policy, enrolled are required to either be vaccinated against influenza or to obtain a medical or religious waiver from this law. I have reviewed the CDC website information regarding influenza at <https://www.cdc.gov/flu> and understand the possible risks of not receiving immunizations include: becoming infected with the disease, death, and transmitting influenza to others. I agree to hold the University of Tennessee at Martin harmless in the event of any illness or injury resulting from noncompliance with this requirement. I understand that in case of an outbreak of influenza, I may be temporarily excluded from classes, residence halls or campus events and that this may not be an excused absence.

Student's Signature: _____ Date: ___/___/___

Please complete the appropriate section:

RELIGIOUS EXEMPTION: The flu vaccine is prohibited by my religious beliefs and practices.

Student's Signature: _____ Date: ___/___/___

If the student is under age 18, a parent/guardian must also sign

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: ___/___/___

MEDICAL EXEMPTION: A health care provider MUST complete this section.

Reason for Exemption: _____

This exemption shall continue until: _____

Signature of Health Care Provider: _____ Date: ___/___/___

Printed Name of Health Care Provider: _____ License #: _____

Address of Health Care Provider: _____

City: _____ State: _____ Zip: _____