



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM
CORDELL HULL BUILDING, 1st FLOOR
425 - 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243

Memorandum

Date: July 30, 2007

To: Regional Health Officers, Regional Nursing Directors, Regional Immunization Representatives, Coordinated School Health Nurse

Cc: Connie Givens, Director, Department of Education Coordinated School Health Program
Christy Ballard, General Counsel for the Department of Education

From: Kelly L. Moore, MD, MPH, Medical Director, Tennessee Immunization Program

Re: **New Department of Education form for religious exemption from state immunization requirements**

The Tennessee Department of Education (DOE) is responsible for the enforcement of state school entry immunization requirements. DOE has promulgated a new form (ED 5379) that should be given to parents who wish to be exempted from state school and pre-school immunization requirements because of conflicts with their religious beliefs. Effective immediately, this form should be used in place of previous Department of Health religious exemption forms (PH 3810) used in health departments. Old forms should be discarded.

ED 5379 is being disseminated by the Department of Education to local educational authorities. It is expected to be posted on the Tennessee Web Immunization System (TWIS) for enrolled providers within one week. Hard copies of ED 5379 will not be kept in inventory at the Department of Health; copies should be made by health department clinics as needed.

This DOE form does not require a health care provider signature; the parent will need to complete, sign and submit it to educational authorities along with the child's immunization certificate, which, in accordance with state law, contains documentation of other required health information (physical exam, vision/hearing screening). The immunization certificate has a check box for the health care provider to indicate the parent's choice of religious exemption from immunization.

Parents with questions about the form should contact their local school system or the Department of Education.



STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
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710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375

BILL HASLAM
GOVERNOR

KEVIN S. HUFFMAN
COMMISSIONER

MODEL FORM

Religious 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 religious tenets and practices.

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

Parent/Legal Guardian Signature

Date _____