



Clarksville-Montgomery County School System
HEALTH SERVICES
REQUEST FOR RELIGIOUS EXEMPTION FROM IMMUNIZATIONS

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

State: _____ Zip: _____

Pursuant to Tennessee Code Annotated §49-6-5001(b)(2), I am declining vaccinations(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/Guardian Signature:

Date: _____