STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

RELIGIOUS BELIEF

I, __________________________, with student ID # ____________ hereby

(Student’s name)

certify that the administration of the following vaccine(s) or other immunizing agents are contrary to my religious beliefs (includes a strong moral or ethical convictions similar to a religious belief).

☐ Diphtheria          ☐ Measles
☐ Tetanus            ☐ Mumps
☐ Pertussis          ☐ Rubella
☐ Polio              ☐ Hepatitis
☐ Varicella          ☐ Meningococcal
☐ Other: specify ______________

Student signature ____________________________ Date _______________

Parent/Guardian signature ______________________________ Date _______________

(If student is under 18 years old)

Notary:
Subscribed and Sworn before me this _____ day of ____________, 20____.

________________________________________ Notary's Signature and Seal

Created 07/17/2014