



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF INFECTIOUS DISEASE CONTROL
IMMUNIZATION PROGRAM

Lori A. Shibinette
 Commissioner

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 Interim Director

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CERTIFICATE OF RELIGIOUS EXEMPTION

STUDENT NAME _____

BIRTH DATE _____

ADDRESS _____

The administration of immunizing agents conflicts with the religious beliefs of the parent or legal guardian of the student listed above. I understand that in the event of an outbreak of vaccine-preventable disease in my child’s school or childcare facility, the State Health Director may exclude my child from the school or childcare facility, for their own protection. This exclusion will last until an incubation period from the last identified case of the communicable disease has passed.

 Signature of parent or legal guardian

Date _____

I hereby affirm that this affidavit was signed in my presence on this _____ day of _____.

Notary Public Seal

Notary Public/Justice of the Peace Signature