



New Hampshire Childcare/School Immunization Religious Exemption Certificate

Instructions:

Parent/guardian or student (if the student is 18 years of age or older):

- Complete form, initial, sign, and date.
- Maintain a copy of this form for your records.
- Submit this completed form to each childcare/school your child attends.

NOTE: Parent/guardian or student (if the student is 18 years of age or older) is responsible to provide a copy of this form to each childcare/school attended as the form does not automatically transfer to another childcare/school.

| | | | |
|----------------|---------------|-------------|-------|
| Student's Name | Date of Birth | Grade/Level | |
| Street Address | City | Zip Code | Phone |

I request that the above student be exempt from the vaccine(s) checked below based on my religious beliefs:

- DTaP/Tdap/Td**
 Polio
 Hepatitis B
 Hib
 MMR
 Varicella

I understand the risks of choosing not to vaccinate based on my religious beliefs. I know that I may change my decision, complete the required vaccinations, and submit evidence of vaccination to the childcare/school at any time.

| | |
|-------------------|--|
| _____ Initials | I understand the risk of contracting the disease(s) that the vaccine(s) prevent. |
| _____ Initials | I understand the risk of transmitting the disease(s) to others. |
| _____ Initials | I understand that, in the event of an outbreak of vaccine-preventable disease, an exempt student may be excluded from school attendance in accordance with NH Statute RSA:141-C:20-d . |

Printed name of Signature of Parent/Guardian or Student (if student is 18+)

Signature of Parent/Guardian or Student (if student is 18+)

Date