



## 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 <a href="#">RSA:141-C:20-d</a> .

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

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

\_\_\_\_\_  
**Date**