

Certificate of Religious Exemption Commonwealth of Virginia

Name _____ Date of Birth _____

Student I.D. Number _____

The administration of immunizing agents conflicts with the above names student's/my religious tenets or practices. I understand that in the occurrence of an outbreak, potential epidemic, or epidemic of a vaccine-preventable disease, the State Health Commissioner may order this student's/my exclusion from school for their/my own protection until the danger has passed.

Signature of parent/guardian/student

Date

I hereby affirm that this affidavit was signed in my presence on:

This _____ Day of _____, 20_____

In the city/county of _____, State of _____

Notary Signature

My commission expires _____

Notary Public Seal