

**COMMONWEALTH OF VIRGINIA  
CERTIFICATE OF RELIGIOUS EXEMPTION**



Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student I.D. Number \_\_\_\_\_

The administration of immunizing agents conflicts with the above-named 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 in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

\_\_\_\_\_  
Signature of parent/guardian/student

\_\_\_\_\_  
Date

**AFFIRMATION**

State/Commonwealth of \_\_\_\_\_ }  
County/City of \_\_\_\_\_ } to-wit:

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, a Notary Public in and for the County/City and State aforesaid, \_\_\_\_\_, who did swear or affirm that there are no falsifications or willful misrepresentations in the above statements.

\_\_\_\_\_  
Notary Public

**S E A L**

My commission expires: \_\_\_\_\_

Registration number: \_\_\_\_\_