

# COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION

Name \_\_\_\_\_

Birth date \_\_\_\_\_

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

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

this \_\_\_\_\_ day of \_\_\_\_\_.

*Notary Public Seal*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Expiration Date)