

**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

In the County/City of _____,
State of _____; to wit:

This ____ day of _____, ____ personally appeared before me, a notary public in and for the County/City and State aforesaid, _____, who did certify that there are no willful misrepresentations in, or falsifications of, the above statements.

Notary Public

My commission expires: _____