

**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: \_\_\_\_\_