

# Religious Exemption Request

## INSTRUCTIONS

- The child’s parent or guardian must complete and sign the Religious Exemption Request Form indicating the vaccines for which the child will be exempted.
- Submit the completed form to the County Health Department (**appointment is required**). For information regarding County Health Department hours of operation go to [www.msdh.ms.gov](http://www.msdh.ms.gov) and to schedule an appointment call 855-767-0170.
- Additional steps will be completed at the County Health Department. For more about the process visit [www.msdh.ms.gov](http://www.msdh.ms.gov).
- The completed Religious Exemption Request is submitted to the State Epidemiologist or Deputy State Epidemiologist for signature, and a copy is sent by mail to the school and the parent/guardian at the addresses indicated below.

Date of Request \_\_\_\_\_ Name of School/Child Care Facility: \_\_\_\_\_ City and County: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First MI*

Name of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*Last First MI*

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
*Street City State Zip*

**Indicate the exemption status for each vaccine by checking the correct box in the table below (an exemption status is required for each vaccine):**

Vaccine	Permanent	No Exemption
<b>DTaP</b>		
<b>Hepatitis B</b>		
<b>Hib*</b>		
<b>IPV</b>		

Vaccine	Permanent	No Exemption
<b>MMR</b>		
<b>Pneumococcal</b>		
<b>Tdap**</b>		
<b>Varicella</b>		

*\*For childcare only.*

*\*\*For 7<sup>th</sup> grade entry only.*

I, \_\_\_\_\_, am requesting a religious exemption from the above vaccines for my child, \_\_\_\_\_.

- I have been advised that not vaccinating my child with the vaccination(s) specified above can endanger their life or health, and the life or health of other children; the religious reasons for not vaccinating my child outweigh the advice I have been given regarding any risk of death or disability to my child or other children from the vaccine preventable disease.
- I have been advised that if any vaccine-preventable diseases for which my child has not been adequately immunized are occurring in or threatening to occur in the community, my child will, for the safety and benefit of him/herself and other children, be excluded from day care/school until the infectious disease is no longer present or is no longer a threat to the safety and welfare of my child or other children in the day care/school.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Location of County Health Department: \_\_\_\_\_

**Verification of Process:**

- Religious Exemption Request completed and signed by parent/guardian.
- Parent/guardian has viewed Vaccine Education video and has been given the chance to ask questions.
- I have discussed the benefits and risks of immunizations with the parent/guardian as a condition for exemption.
- I have informed the parent/guardian that if any vaccine-preventable diseases for which the child has not been adequately immunized are occurring in or threatening to occur in the community, the child will, for the safety and benefit of him/herself and other children, be excluded from day care/school until the infectious disease is no longer present or is no longer a threat to the safety and welfare of the child or other children in the day care/school.

Signature of Health Department Nurse \_\_\_\_\_ Date: \_\_\_\_\_

County of Health Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**This document should be submitted through intraoffice mail to: Office of Immunizations MSDH Central Office in Jackson, Mississippi**