



# Preschool-12<sup>th</sup> Grade – Religious Immunization Exemption Certificate

## For Use in Public, Private and Charter Schools

Nevada State Immunization Program • 4150 Technology Way Suite 210 • Carson City, NV 89706  
<http://dpbh.nv.gov/Programs/Immunizations/> • (775) 684-5900 • [nviz@health.nv.gov](mailto:nviz@health.nv.gov)

### Instructions for completing a Religious Immunization Exemption Certificate

**Section 1:** Enter school and student information.

**Section 2:** Have parent/guardian or student (if the student is 18 years of age or older) initial, sign, and date.

**Section 3:** For school use only: Obtain school signatures and dates.

Name of School (accepting exemption)	Street Address	City	Zip Code	Phone
Student's Name		Date of Birth	Grade/Level	
Street Address		City	Zip Code	Phone

I request that the above student be exempt from the vaccine(s) checked below based on my religious beliefs:

- |                                  |                                      |                                      |                                    |
|----------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> DTaP    | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> IPV       |
| <input type="checkbox"/> MenACWY | <input type="checkbox"/> MMR         | <input type="checkbox"/> Td/Tdap     | <input type="checkbox"/> Varicella |

I understand the risks of refusing to vaccinate based on my religious beliefs. I know that I may re-address this issue at any time and complete the required vaccinations.

_____ Initials	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.
_____ Initials	I understand the risk of transmitting the disease(s) to others.
_____ Initials	I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period of time as determined by the Nevada Division of Public and Behavioral Health based on a case-by-case analysis of public health risk.
_____ Initials	I understand that this form must be submitted annually based on an enrollment schedule set by the school district, charter school or private school.

\_\_\_\_\_  
 Signature of Parent/Guardian or Student  
 (if the student is 18 years of age or older)

\_\_\_\_\_  
 Date

<b>Section 3:</b> For School Official Use Only: Please provide date and signatures	
_____ School Nurse or Designee Signature	_____ Date
_____ School Board or Designee Signature	_____ Date
It is the responsibility of the administrative head of the school to secure compliance with the regulations. The administrative head of the school shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.	