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