

**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

State/Commonwealth of _____ }
County/City of _____ }to-wit:

This ____ day of _____, 20____, personally appeared before me, a Notary Public in and for the County/City and State aforesaid, _____, who did swear or affirm that there are no falsifications or willful misrepresentations in the above statements.

Notary Public

S E A L

My commission expires: _____

Registration number: _____