

Iowa Department of Public Health Certificate of Immunization Exemption

Religious Exemption

Name Last:	First:	Middle:	Date of Birth:
Immunization Exemption f authorized representative. that the belief is in fact rel Certificate of Immunization child care or school during	be granted to an applicant only if immunize for religious reasons shall be signed by the absolute By signing this certificate you are attesting ligious, and not based merely on philosophin Exemption for religious reasons is valid or a disease outbreak. The length of time a concess surrounding the outbreak, and could reconcess.	applicant or, if the applicant is a minor, that the immunization conflicts with a cal, scientific, moral, personal, or medionly when notarized. A child granted a rechild is excluded from child care or school	by the parent or guardian or legally genuine and sincere religious belief and cal opposition to immunizations. The eligious exemption may be excluded from col will vary depending on the type of
website, including: • Information that spreading a vacci	nowledge the Iowa Department of Public F failure to complete the required immunizati ne-preventable disease; and there are children with special health needs	ions increases the risk to my child and	,
	of contracting a vaccine-preventable disea		
Signature:	Applicant, Parent or Guardian	Date:	
	Applicant, Falent of Guardian		
State of	County of		
This instrument was acknown	owledged before me on		Stamp or Seal
by	Name(s) of Person(s)		
Signature of Notary Public	:		
Title (or Rank for Military F	Personnel):		
My commission expires: _			