

**COMMONWEALTH OF VIRGINIA
CERTIFICATE OF EXEMPTION**

Name: _____

Birth Date _____

Student I.D. Number _____

The administration of the 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