

**District of Columbia Department of Health  
Religious Immunization Exemption Certificate  
For Use in Public, Charter, Private, Parochial, Preschool and Child Care Facilities**

**Instructions for completing Religious Immunization Exemption Certificate (Return Completed Certificate to school/child care facility.)**  
**Section 1:** Enter student information  
**Section 2:** Have parent/guardian or student (if 18 years or older) initial, sign and date.

Name of School/Child Care Facility

**Section 1: Student Information**

Student Name:	Date of Birth:	Grade:	
Street Address:	City:	Zip Code:	Phone:
Name and Address of Health Care Provider:	City:	Zip Code:	Phone:

**Section 2: Immunization Exemption. To be completed by Parent/Guardian or Student if > 18 years of age**

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

( )Diphtheria ( )Tetanus ( )Pertussis ( )Hepatitis B ( )Hepatitis A ( )Polio ( )Measles  
 ( )Mumps ( )Rubella ( )Chickenpox ( )Pneumococcal ( )Meningococcal ( )Hib  
 ( )Rotavirus ( )Influenza

<hr style="width: 80%; margin: 0 auto;"/> Initials	I understand that if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from school/child care facility by the school/child care facility administrative head for a period of time as determined by the Health Department based on a case-by-case analysis of public health risk.
--	--

I understand the risks of refusing to receive vaccines based on my religious beliefs. I know that I may alter my decision at any time and complete the required vaccinations.

Signature of Parent/Guardian or Student if 18 years or older	Date
Print Name of Parent/Guardian or Student if 18 years or older	