Great Falls School District 3413F2

Religious Exemption Statement

Form HES 113
Montana Schools

For questions, contact the Montana Department of Immunizations at (406) 444-5580

Student's Full Name **Birth Date** **Age** **Sex**

School ____

If student is under 18, name of parent, guardian, or other person responsible for student's care and custody:

____

Street address and city: ____

Telephone: ____

I, the undersigned, swear or affirm under oath that immunization against the following is contrary to my religious tenets and practices:

- ☐ Diphtheria, Pertussis, Tetanus (DTaP, DT, Tdap)
- ☐ Measles, Mumps and Rubella (MMR)
- ☐ Haemophilus Influenzae type b (Hib)
- ☐ Polio
- ☐ Varicella (chickenpox)
- ☐ Other: _____________

I also understand that:

Pursuant to § 20-5-405, MCA, in the event of an outbreak of one of the diseases listed above, the above-exempted student may be excluded from school by the local health officer or the Department of Public Health and Human Services until the student is no longer at risk for contracting or transmitting that disease.

Signature: ____ Date: _______________

Board approved: March 25, 2024