

Religious Exemption to Immunization Form

Instructions for Completing This Form:

1. Section 1 - Fill out the student and school information.
2. Section 2 - Parent/guardian (or student if age 18+) must initial each acknowledgement, sign, and date.
3. Section 3 - For school use only: signatures and dates from school staff.

SECTION 1: School and Student Information

Name of School (accepting exemption)			
Student's Name	Date of Birth	Grade/Level	
Street Address	City	Zip Code	Phone

SECTION 2: Declaration of Religious Exemption

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

☐ DTaP ☐ Hepatitis A ☐ Hepatitis B ☐ IPV
☐ MenACWY ☐ MMR ☐ Td/Tdap ☐ Varicella

(Initial each statement and sign at the bottom.)

_____ I understand the risk of contracting diseases that the selected vaccines are designed to prevent.

_____ I understand the risk of transmitting those diseases to others, especially vulnerable populations.

_____ I understand that during an outbreak of a vaccine-preventable disease, my child may be excluded from school or school-sponsored activities as determined by local public health authorities.

_____ I understand that this exemption remains valid unless revoked by me or until a change in law occurs.

Parent/Guardian Name: _____

Signature of Parent/Guardian or Student (18+): _____

Date: _____

SECTION 3: For School Use Only

Received By (School Nurse or Designee): _____

Date Received: _____

Reviewed/Accepted By (Administrator): _____

Date Reviewed: _____

Note: This form is submitted pursuant to N.C.G.S. §130A-157, which permits written religious exemption without need for notarization, clergy attestation, or attorney review. It must be maintained in the student's permanent record. For more information, visit: <https://immunization.dph.ncdhhs.gov>