## **Religious Exemption Statement**

Form HES 113 Montana Schools



For questions, contact the Montana Immunization Program at (406) 444-5580

Student's Full Name		
Birth Date	Age	Sex
School:		
If student is under 18, name of parent, guardia	n, or other person respo	ensible for student's care and custody:
Street address and city:		
Telephone:		
I, the undersigned, swear or affirm under oath religious tenets and practices:  Diphtheria, Pertussis, Tetanu Measles, Mumps and Rubella Haemophilus Influenzae type	us (DTaP, DT, Tdap) a (MMR)	nst the following is contrary to my  Polio Varicella (chickenpox) Other:
I understand that: Pursuant to section 20-5-405, MCA, in the ev	went of an outbreak of	one of the diseases listed above, the above-
exempted student may be excluded from school Human Services until the student is no longer	ol by the local health of	ficer or the Department of Public Health and
Signature:		Date: