

# Religious Exemption Statement

Form HES 113-  
Montana Childcare



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

**Child's Full Name**

**Birth Date**

**Age**

**Sex**

Childcare: \_\_\_\_\_

Street address and city: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

- |   |  |
|---|--|
| <input type="checkbox"/> <i>Diphtheria, Pertussis, Tetanus (DTaP, DT, Tdap)</i> | <input type="checkbox"/> <i>Polio</i>                  |
| <input type="checkbox"/> <i>Measles, Mumps and Rubella (MMR)</i>                | <input type="checkbox"/> <i>Varicella (chickenpox)</i> |
| <input type="checkbox"/> <i>Pneumococcal (PCV)</i>                              | <input type="checkbox"/> <i>Hepatitis B</i>            |
| <input type="checkbox"/> <i>Haemophilus Influenzae type b (Hib)</i>             | <input type="checkbox"/> <i>Other: _____</i>           |

\_\_\_\_\_  
Signature of parent, guardian, or other person  
responsible for the above student's care and  
custody; or of the student, if 18 or older.

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Signature:** Notary Public for the State of Montana

\_\_\_\_\_  
**Print Name:** Notary Public for the State of Montana  
Residing in \_\_\_\_\_  
My commission expires \_\_\_\_\_

Seal