

Religious Exemption Statement

Form HES 113
Montana Child Care



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

Child's Full Name _____

Birth Date _____ Age _____ Sex _____

Child Care: _____

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

Home 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 or guardian, if child is under
the age of 18

Date