

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, 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)*

☐ *Polio*

☐ *Measles, Mumps and Rubella (MMR)*

☐ *Varicella (chickenpox)*

☐ *Haemophilus Influenzae type b (Hib)*

☐ *Other: _____*

I understand that:

Pursuant to section 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: _____