



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
*DIVISION OF PUBLIC HEALTH SERVICES*  
**BUREAU OF INFECTIOUS DISEASE CONTROL**  
**IMMUNIZATION PROGRAM**

Lori A. Shibinette  
 Commissioner

Patricia M. Tilley  
 Director

29 HAZEN DRIVE, CONCORD, NH 03301  
 603-271-4482 1-800-852-3345 Ext. 4482  
 Fax: 603-271-3850 TDD Access: 1-800-735-2964  
 www.dhhs.nh.gov

## CERTIFICATE OF RELIGIOUS EXEMPTION

**STUDENT NAME** \_\_\_\_\_

**BIRTH DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

The administration of immunizing agents conflicts with the religious beliefs of the parent or legal guardian of the student listed above. I understand that in the event of an outbreak of vaccine-preventable disease in my child's school or childcare facility, the State Health Director may exclude my child from the school or childcare facility, for their own protection. This exclusion will last until an incubation period from the last identified case of the communicable disease has passed.

\_\_\_\_\_  
 Signature of parent or legal guardian

Date \_\_\_\_\_

I hereby affirm that this affidavit was signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_.

**Notary Public Seal**

\_\_\_\_\_  
**Notary Public/Justice of the Peace Signature**