



Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES**

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CERTIFICATE OF RELIGIOUS EXEMPTION

Student's Name: _____ Date of Birth: _____

Street 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/GUARDIAN

DATE

First Reading: July 25, 2000
Second Reading: August 8, 2000
Adopted: August 8, 2000
Revised: March 19, 2002
Revised: April 8, 2003

Reviewed: May 13, 2003
First Reading: May 12, 2009
Second Reading: May 26, 2009
Revised: May 26, 2009
First Reading: September 28, 2022
Second Reading: October 12, 2022
Adopted: October 12, 2022