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| --- | --- | --- |
|  | STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICESDIVISION OF PUBLIC HEALTH SERVICES  |  |
|  | 29 HAZEN DRIVE, CONCORD, NH 03301-6504 |
| Nicholas A. Toumpas | 603-271-4482 | 1-800-852-3345 Ext. 4482 |
| Commissioner | Fax: 603-271-3850 | TDD Access: 1-800-735-2964 |
| José Thier MonteroDirector |  |  |

**JLCB-R**

**CERTIFICATE OF RELIGIOUS EXEMPTION**

**STUDENTS 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 his 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**

First Reading: July 25, 2000 Reviewed: May 13, 2003

Second Reading: August 8, 2000 First Reading: May 12, 2009

Adopted: August 8, 2000 Second Reading: May 26, 2009

Revised: March 19, 2002 Revised: May 26, 2009

Revised: April 8, 2003