**AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS FROM MONTANA**

**SCHOOL IMMUNIZATION LAW AND RULES 3413F2**

**Student’s Full Name Birth Date Age Sex**

**School:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If student is under 18, name f parent, guardian, or other person responsible for student’s care and custody:

Street Address and city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, undersigned, swear or affirm that immunization against

*Diphtheria, Pertussis, Tetanus (DTaP, DT, Tdap) Polio*

*Measles, Mumps and Rubella (MMR) Varicella (chickenpox)*

*Haemophilus Influenzae Type b (Hib)*

is contrary to my religious tenets and practices.

I also understand that:

1. I am subject to the penalty for false swearing if I falsely claim a religious exemption for the above-named student [i.e. a fine of up to $500, up to 6 months in jail, or both (45-7/202, MCA)];
2. 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; and
3. **A new affidavit of exemption for the above-named student must be signed, sworn to, and notarized yearly, before the start of the school year and kept together with the State of Montana Certificate of Immunization (HES-101) in the school’s records.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent, guardian, or other person Date

responsible for the above student’s care and

custody; or of the student, if 18 or older.

Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** Notary Public for the State of Montana

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**Print Name:** Notary Public for the State of Montana

Seal

Residing in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_