Religious Exemption Statement

Form HES 113
Montana Child Care

For questions, contact the Montana Immunization Program at (406) 444-5580

Child's Full Name _____

Birth Date _____ Age _____ Sex _____

Child Care: _____

If child is under 18, name of parent, guardian, or other person responsible for child's care and custody:

_____

Home address and city: _____

Telephone: _____

I, the undersigned, swear or affirm that immunization against the following is contrary to my religious tenets and practices:

- ☐ *Diphtheria, Pertussis, Tetanus (DTaP, DT, Tdap)*
- ☐ *Measles, Mumps and Rubella (MMR)*
- ☐ *Pneumococcal (PCV)*
- ☐ *Haemophilus Influenzae type b (Hib)*
- ☐ *Polio*
- ☐ *Varicella (chickenpox)*
- ☐ *Hepatitis B*
- ☐ *Other:* _____

_____

Signature of parent or guardian, if child is under the age of 18

Date