

**AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS
MONTANA SCHOOL IMMUNIZATION LAW**

Student's full name

Birth Date

Age

Sex

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

Street address

City

Zip

Telephone: (home) _____

(work) _____

I, the undersigned, swear or affirm that immunization against diphtheria, pertussis (whooping cough), tetanus, polio, rubella, mumps, measles, H. influenzae type B, hepatitis B, and varicella is contrary to my religious tenets and practices.

I 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 (Sec. 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 Montana 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 student must be signed, sworn to, and notarized yearly 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 responsible for the above student's care and custody; Or of the student, if 18 or older.

Date

Subscribe and sworn to before me on this _____ day of _____, _____.

SEAL

Notary Public for the State of Montana

Residing in _____

My commission expires _____