



Child Care – Religious Immunization Exemption Certificate

For Use in Child Care or Accommodation Facilities

Nevada State Immunization Program • 4150 Technology Way Suite 210 • Carson City, NV 89706
<http://dpbh.nv.gov/Programs/Immunizations/> • (775) 684-5900 • nviz@health.nv.gov

Instructions for completing a Religious Immunization Exemption Certificate

Section 1: Enter child care facility and child information.

Section 2: Have parent/guardian initial, sign, and date.

Section 3: For child care facility use only: Obtain child care facility signatures and dates.

Section 1: Child Care Facility and Child Information				
Name of Child Care Facility (accepting exemption)	Street Address	City	Zip Code	Phone
Child's Name		Date of Birth	Grade/Level	
Street Address		City	Zip Code	Phone
Section 2: Immunization Exemptions (To be completed by parent/guardian)				

I request that the above child be exempt from the vaccine(s) checked below based on my religious beliefs:

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> DTaP/Tdap | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> IPV |
| <input type="checkbox"/> Hib | <input type="checkbox"/> MMR | <input type="checkbox"/> Varicella | <input type="checkbox"/> Pneumococcal (PCV) |

I understand the risks of refusing to vaccinate based on my religious beliefs. I know that I may re-address this issue at any time and complete the required vaccinations.

_____ Initials	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.
_____ Initials	I understand the risk of transmitting the disease(s) to others.
_____ Initials	I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt child will be excluded from the child care facility by the child care facility administrative head for a period of time as determined by the Nevada Division of Public and Behavioral Health based on a case-by-case analysis of public health risk.
_____ Initials	I understand that this form must be submitted annually based on an enrollment schedule set by the child care or accommodation facility.

Signature of Parent/Guardian _____
Date

Section 3: For Child Care Facility Official Use Only: Please provide date and signature	
_____ Child Care Director or Designee Signature	_____ Date
It is the responsibility of the administrative head of the child care facility to secure compliance with the regulations. The administrative head of the child care facility shall exclude children who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.	