COMMONWEALTH OF VIRGINIA
CERTIFICATE OF RELIGIOUS EXEMPTION

Name ____________________________________  Birth Date _______________________

Student I.D. Number __________________________________

The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in my/my child's school, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

___________________________________________  ________________________________
Signature of parent/guardian/student               Date

I hereby affirm that this affidavit was signed in my presence on

This ____________________________________________  Day of _____________________

Form CRE-1; Rev. 00/92