COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION

Name		Birth Date	
Studei	nt I.D. Number		
	The administration of immunizing student's/my religious tenets or practic outbreak, potential epidemic or epidem child's school, the State Health Comm from school, for my/my child's own pro	es. I understand, that in the occurren ic of a vaccine-preventable disease in issioner may order my/my child's ex	ce of an my/my
Signat	ure of parent/guardian/student	Date	
I here	by affirm that this affidavit was signed in	my presence on	
This _		Day of	
		Notary Pul	blic Seal

Form CRE-1; Rev. 00/92