



# 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://dphh.nv.gov/Programs/Immunizations/> • (775) 684-5900 • [nviz@health.nv.gov](mailto: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:

- DTaP/Tdap   
  Hepatitis A   
  Hepatitis B   
  IPV  
 Hib   
  MMR   
  Varicella   
  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.