AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS FROM MONTANA SCHOOL IMMUNIZATION LAW AND RULES

Student's Full Name **Birth Date** **Age** **Sex**

School: _____

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

_____

Street address and city: _____

Telephone: _____

I, the undersigned, swear or affirm that immunization against

- ☐ *Diphtheria, Pertussis, Tetanus (DTaP, DT, Tdap)*
- ☐ *Polio*
- ☐ *Measles, Mumps and Rubella (MMR)*
- ☐ *Varicella (chickenpox)*
- ☐ *Haemophilus Influenzae Type b (Hib)*

is contrary to my religious tenets and practices.

I also 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 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, before the start of the school year 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

Subscribed and sworn to before me this _____ day of _____, _____.

_____

Signature: Notary Public for the State of Montana

_____

Print Name: Notary Public for the State of Montana

Residing in _____

My commission expires _____

MONTANA DPHHS