

# RELIGIOUS EXEMPTION FROM IMMUNIZATION

## DATE OF BIRTH

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CHILD'S NAME (PRINTED) \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN

CHILD'S SS# \_\_\_\_\_

I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED CHILD. WE ARE MEMBERS OF THE \_\_\_\_\_ CHURCH OR RELIGIOUS SECT.

IMMUNIZATIONS ARE IN CONFLICT WITH MY RELIGIOUS TENETS OR PRACTICES. THEREFORE, I REQUEST THAT MY CHILD BE ENROLLED IN SCHOOL OR CHILD DAY CARE WITHOUT THE IMMUNIZATIONS REQUIRED BY SECTIONS 232.032, F.S. AND 402.305, F.S.

I HAVE HAD EXPLAINED TO ME AND UNDERSTAND THE RISKS ASSOCIATED WITH THE DISEASES FOR WHICH IMMUNIZATIONS ARE REQUIRED FOR SCHOOL AND CHILD DAY CARE ADMITTANCE/ATTENDANCE AND HAVE REQUESTED EXEMPTION FROM THESE REQUIREMENTS FOR RELIGIOUS REASONS. I ALSO UNDERSTAND THAT SINCE MY CHILD HAS NOT BEEN IMMUNIZED AGAINST THE VACCINE REVENTABLE DISEASES, HE/SHE MAY BE EXCLUDED FROM ATTENDING THE SCHOOL OR CHILD CARE CENTER FOR THE DURATION OF A VACCINE-PREVENTABLE DISEASE OUTBREAK WHICH CAN LAST UNTIL 21 DAYS AFTER THE LAST CASE IS DETECTED AT THE FACILITY.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HRS COUNTY PUBLIC HEALTH UNIT STAMP

\_\_\_\_\_  
SIGNATURE OF DIRECTOR/ADMINISTRATOR \*

\_\_\_\_\_  
DATE

- RELIGIOUS EXEMPTION IS APPROVED ONLY IF HRS FORM 681 IS ISSUED AND SIGNED BY THE HRS COUNTY PUBLIC HEALTH UNIT DIRECTOR/ADMINISTRATOR OR HIS AUTHORIZED DESIGNEE. THE PARENT OR LEGAL GUARDIAN MUST PRESENT THIS COMPLETED FORM TO THE SCHOOL OR CHILD CARE CENTER.