

# EXEMPTIONS 101



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[Iowa Exemption Form](#)

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## What is a religious exemption?

Religious exemptions are used when a parent has a sincerely held belief that prohibits their child/children from receiving vaccinations.

## How Do I Get an exemption?

Because each state sets their own laws, every process is different for each state.

It can also depend on the school. Your school may have their own form for you to complete.

# Exemption Form

# Iowa Requirements

**In order to qualify for a religious exemption, the applicant, or if the applicant is a minor, the applicant's parent or guardian, must submit a notarized certificate of immunization exemption with the applicant's or parent's/guardian's signature attesting that immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations.**



**Iowa Department of Public Health  
Certificate of Immunization Exemption  
Religious Exemption**

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A religious exemption may be granted to an applicant only if immunization conflicts with a genuine and sincere religious belief. A Certificate of Immunization Exemption for religious reasons shall be signed by the applicant or, if the applicant is a minor, by the parent or guardian or legally authorized representative. By signing this certificate you are attesting that the immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations. The Certificate of Immunization Exemption for religious reasons is valid only when notarized. A child granted a religious exemption may be excluded from child care or school during a disease outbreak. The length of time a child is excluded from child care or school will vary depending on the type of disease and the circumstances surrounding the outbreak, and could range from several days to over a month.

By signing this form, I acknowledge the Iowa Department of Public Health has published information regarding immunizations on the Department's website, including:

- Information that failure to complete the required immunizations increases the risk to my child and others of contracting, carrying, and spreading a vaccine-preventable disease; and
- Information that there are children with special health needs attending schools and child care who are unable to be vaccinated or who are at a heightened risk of contracting a vaccine-preventable disease and for whom such a disease could be life-threatening.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant, Parent or Guardian

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ Date \_\_\_\_\_ Stamp or Seal

by \_\_\_\_\_  
Name(s) of Person(s)

Signature of Notary Public: \_\_\_\_\_

Title (or Rank for Military Personnel): \_\_\_\_\_

My commission expires: \_\_\_\_\_

June 2025