

# EXEMPTIONS 101



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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

# Nevada Requirements



## Preschool-12<sup>th</sup> Grade – Religious Immunization Exemption Certificate For Use in Public, Private and Charter Schools

Nevada State Immunization Program • 4150 Technology Way Suite 210 • Carson City, NV 89706  
http://dpbh.nv.gov/Programs/Immunizations/ • (775) 684-5900 • nviz@health.nv.gov

### Instructions for completing a Religious Immunization Exemption Certificate

**Section 1:** Enter school and student information.

**Section 2:** Have parent/guardian or student (if the student is 18 years of age or older) initial, sign, and date.

**Section 3:** For school use only: Obtain school signatures and dates.

|                                      |                |               |             |       |
|--------------------------------------|----------------|---------------|-------------|-------|
| Name of School (accepting exemption) | Street Address | City          | Zip Code    | Phone |
| Student's Name                       |                | Date of Birth | Grade/Level |       |
| Street Address                       |                | City          | Zip Code    | Phone |

I request that the above student be exempt from the vaccine(s) checked below based on my religious beliefs:

- DTaP     Hepatitis A     Hepatitis B     IPV  
 MenACWY     MMR     Td/Tdap     Varicella

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 student will be excluded from school by the school 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 school district, charter school or private school.  |

\_\_\_\_\_  
Signature of Parent/Guardian or Student  
(if the student is 18 years of age or older)

\_\_\_\_\_  
Date

### Section 3: For School Official Use Only: Please provide date and signatures

|   |               |
|---|---------------|
| _____<br>School Nurse or Designee Signature | _____<br>Date |
| _____<br>School Board or Designee Signature | _____<br>Date |

It is the responsibility of the administrative head of the school to secure compliance with the regulations. The administrative head of the school shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.

**Students and/or parents who want to exempt their child/student from one or more required immunizations because of their religious beliefs must provide to the school, child care facility, or university a religious immunization exemption form provided by the Division of Public and Behavioral Health.**