

# EXEMPTIONS 101



## LINKS

---

[Connect with me directly](#)

---

[New Mexico Exemption Resources](#)

---

[New Mexico Exemption Certificate](#)

---

## Follow Me



## 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.

# Sample Letter

# New Mexico Requirements

To whom it may concern:

As (a) parent(s), based on my\our personal religious beliefs, I\we object to the following vaccination, including but not limited to, DTaP\DTP, HepB, Hib, MMR, Polio, Varicella, for my\our child\_\_\_\_\_.

The vaccination of my\our child violates laws put forth within me\us by a higher power at the time of conception. Vaccination conflicts with scripture\* and my\our spiritual beliefs. Prayer has made me\us realize the responsibility God has bestowed on me\us as (a) parent(s).

\*1. Cor. 2:5

Signature/s

Date and keep a copy of the letter.

This is a sample, please use your own words

New Mexico law allows for two types of exemptions for children seeking exemption from required immunizations to enter school. These two exemptions are medical or religious.

Parents must submit an approved Certificate of Exemption Form in order to register their child without proof of current vaccinations.

- The form must be signed and dated by the parent/guardian in front of a notary public, and must also be signed and dated by the notary public on the same date.

- Mail the form to the New Mexico Department of Health at 1190 St. Francis Drive, Suite-1250/PO Box 26110, Santa Fe, NM 87502-6110. You may also submit your form in a drop box at the Department of Health in Santa Fe, NM (Harold Runnels Building). The Department of Health has 60 days from receipt of the Certificate of Exemption Form to either approve or not approve the request (see NMAC 7.5.3 below).

Make sure that the Department of Health receives the form at least 60 days prior to the day your child starts school.

- Upon approval, the Department of Health will mail you one copy of the approved form. The Parent/Guardian must take one copy of the approved form to your child's pre-school, school, daycare, or childcare facility.

- If your request is not approved, you will get a letter from the Department of Health with the reasoning for the disapproval. You may then resubmit your request with the necessary changes

**CERTIFICATE OF EXEMPTION**  
NMDOH FROM SCHOOL/DAYCARE IMMUNIZATION REQUIREMENTS

Parent/Guardian Information: Full Name, Address, City, State, Zip, Phone, Email.

Child and School Information: Child Name, School Name, School Address, School City, State, Zip, Child Sex, Child Date of Birth.

Gender, Ethnicity, Race.

I object to my child receiving the following: MMR, Hib, Polio, HepB, DTaP, Tdap, Pertussis, Hib, Meningococcus, Varicella, Hepatitis A, Hepatitis B, Hepatitis C, Tetanus, Diphtheria, Pertussis, Hib, Meningococcus, Polio, Hepatitis A, Hepatitis B, Hepatitis C, Tetanus, Diphtheria, Pertussis, Hib, Meningococcus.

Directions: Please complete this form. Check the box that corresponds to your request for exemption and include the required information. This is in the presence of a Notary Public, please sign and date this certificate and have it witnessed. IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO ENSURE AN APPROVED COPY OF THIS CERTIFICATE IS FILED WITH THE CHILD'S SCHOOL.

I request exemption from immunization requirements in accordance with:  
 NMAC 7.5.3.9 A.1 and I am attaching an affidavit or certificate from a duly licensed physician (DO or MD) attesting that any of the required immunizations would seriously endanger the life or health of my child.  
 NMAC 7.5.3.9 A.2 and I am attaching an affidavit or written affirmation from an officer of my denomination stating we are bona fide members of a recognized religious denomination which requires reliance on prayer or spiritual means alone for healing.  
 NMAC 7.5.3.9 A.3 and I hereby certify through the written affirmation below or attached affidavit, that my religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agents.

NOTARY: Notary Signature, Notary Seal.

DOH Use Only:  DISAPPROVED  APPROVED BEGINS ON: \_\_\_\_\_ EXPIRES ON: \_\_\_\_\_