

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

North Dakota Requirements

SFN 62180 (09-2022)
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IMMUNIZATION EXEMPTION
NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES
SFN 62180 (05-2022)

Statement of Exemption to Immunization Law

In the event of an outbreak of a vaccine-preventable disease, exempted persons may be subject to exclusion from school or childcare for the duration of the outbreak.

Name of Individual Claiming Exemption	Date of Birth
---------------------------------------	---------------

Vaccines Being Exempted (check all that apply)

- | | |
|---------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Diphtheria, Tetanus, Pertussis (DTaP) | <input type="checkbox"/> Polio |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> type B (Hib) | <input type="checkbox"/> Pneumococcal Conjugate (PCV) |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Pneumococcal Polysaccharide (PPSV) |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rotavirus |
| <input type="checkbox"/> Human Papillomavirus (HPV) | <input type="checkbox"/> Tetanus-Diphtheria-Pertussis (Td/Tdap) |
| <input type="checkbox"/> Measles-Mumps-Rubella (MMR) | <input type="checkbox"/> Varicella (chickenpox) |
| <input type="checkbox"/> Meningococcal ACYW-135 (MCV4) | <input type="checkbox"/> Zoster (shingles) |
| <input type="checkbox"/> Meningococcal B | <input type="checkbox"/> Seasonal Influenza |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Other (specify) _____ |

<input type="checkbox"/> Religious/Moral/Philosophical Exemption I adhere to a belief that opposes vaccinations.	
Printed Name	
Signature	Date
Relationship to Individual <input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian ¹	

<input type="checkbox"/> Medical Exemption The physical condition of the above-named person is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.	
Physician Signature	Date

A child with a religious exemption is exempt from any one or all of the immunization requirements. A parent or guardian must sign an exemption form stating that the child has a beliefs exemption and indicate which vaccines are exempt because of beliefs.

Exemption forms must be kept on file with the immunization records at the child's school, early childhood facility, head start program, or preschool educational facility.