



REQUEST FOR EXEMPTION FROM VACCINATION ON RELIGIOUS GROUNDS

Student's Name:		Student's Date of Birth:	
Student's Home Address:		City	Zip
Name of Child Care Facility or School:	Street Address:	City	Zip

_____ I certify that immunization conflicts with my bona fide religious tenets and practices.
Initials

_____ I understand that if at any time there is, in the opinion of the Department of Health, danger
Initials of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunization shall not be recognized and my child will be excluded from school or his/her child care facility until the threat of an epidemic is over or he/she receives the proper immunization.

_____ I understand that a request for religious exemption based on objections to specific vaccines
Initials will not be granted.

I understand the benefits and risks of the vaccinations my child is required to have for school/child care facility attendance, the risk of my child contracting the diseases that vaccines prevent, and the risk of my child transmitting disease to others. I understand that this form may not be used for personal or philosophical reasons.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date: _____

HAWAII REVISED STATUTES: §302A-1156, §302A-1157, §325-34
HAWAII ADMINISTRATIVE RULES: §11-157-5