AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS FROM MONTANA SCHOOL IMMUNIZATION LAW AND RULES

Student's full name	Birth Date	Age	Sex
School			
If student is under 18, name of care and custody:	of parent, guardian, or ot	her person respo	onsible for student's
Street address and city:			
Telephone: (home)		(work)	
I, the undersigned, swear or affin cough), tetanus, polio, rubella, n practices.	rm that immunization agai numps and measles is cont	nst diphtheria, pe rary to my religio	ertussis (whooping ous tenets and
for the above-named student [i.e 202, MCA)]; (2) In the event of an ou student may be excluded from s Health and Human Services unti that disease; and	threak of one of the diseas school by the local health of il the student is no longer a exemption for the above sether with the State of Mo	ses listed above, to officer or the Dep at risk for contract	I, or both (Sec. 45-7- the above-exempted partment of Public sting or transmitting signed, sworn to, and
	responsib	of parent, guard ole for the above s or of the student,	ian, or other person student's care and if 18 or older
	Ī	Date	
Subscribed and sworn	to before me this	day of	
SEAL	Notary Po Residing My comm	Notary Public for the State of Montana Residing in My commission expires	