

REQUEST FOR EXEMPTION FROM IMMUNIZATION  
ON RELIGIOUS GROUNDS

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

I understand that my child is susceptible to vaccine preventable diseases. If at any time there is, in the opinion of the Department of Health, danger of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunization shall not be recognized. I understand that my child will be excluded from school until the threat of an epidemic is over or he or she receives the proper immunization. (*Hawaii Revised Statutes §302A-1157*).

Pupil's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_