



# CERTIFICATE OF RELIGIOUS EXEMPTION FROM SCHOOL/DAYCARE IMMUNIZATION REQUIREMENTS



Please Print Clearly, Complete all Fields, Use CAPITAL LETTERS ONLY

## Child's Information

First Name  Last Name   
 Address or P.O. Box  City   
 State  Zip Code   
 Phone  -

School Name   
 School Address   
 School City   
 School State  School Zip Code   
 Child's Grade   
 Child's Date of Birth  m m d d y y y y

**Sex**  
 Male  Female  
**Ethnicity**  
 Hispanic  Non-Hispanic  
**Race**  
 Native American  Asian  Black  White  Other

*Mail original to:*  
 NM Immunization Program  
 1190 St. Francis/ Runnels S-1250  
 PO Box 26110  
 Santa Fe, NM 87502-6110

**I object to my child receiving the following:**  
 Tetanus  Hib - Haemophilus Influenza type B  Hepatitis A  
 Diphtheria  Measles  Hepatitis B  
 Pertussis  Mumps  Varicella (Chicken Pox)  
 Pneumococcal  Rubella  Polio

## Directions

Please complete this form. Then in the presence of a Notary Public, please sign and date the certificate and have it notarized. IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO ENSURE AN APPROVED COPY OF THIS EXEMPTION CERTIFICATE IS FILED WITH THE CHILD'S SCHOOL.

In accordance with 7.5.3.8B NMAC, I hereby certify that my religious beliefs (stated below), held either individually or jointly by others, do not permit the administration of vaccine or other immunizing agents and I therefore request that my child as named above be exempted from the school immunization requirements of NMSA 1978 Section 24-5-2.

**State The Religious Belief(s) That Prevent Your Child From Receiving Vaccines** *(required)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I UNDERSTAND THIS REQUEST IS SUBJECT TO THE APPROVAL OF THE NEW MEXICO DEPARTMENT OF HEALTH. I HAVE READ THE 'COMPULSORY IMMUNIZATION REGULATIONS' AND UNDERSTAND THE RISK OF NON-IMMUNIZATION FOR MY CHILD. I UNDERSTAND THAT THIS CERTIFICATE, IF APPROVED, IS VALID FOR A PERIOD NOT TO EXCEED NINE MONTHS AND WILL EXPIRE THEREAFTER. IF I WISH TO REQUEST ANOTHER EXEMPTION AFTER THE NINE MONTH PERIOD, I MUST COMPLETE ANOTHER CERTIFICATE OF EXEMPTION AND SEEK APPROVAL.

I ALSO UNDERSTAND THAT WHERE ANY CASE OF COMMUNICABLE DISEASE OCCURS OR IS LIKELY TO OCCUR IN MY CHILD'S SCHOOL, THE DEPARTMENT OF HEALTH MAY REQUIRE THE EXCLUSION OF INFECTED PERSONS AND NON-IMMUNIZED PERSONS (7.4.3.9 NMAC - Rp, 7 NMAC 4.3.9, 8/15/2003).

I swear that all the foregoing statements are true to the best of my information, knowledge and belief.  
 Parent/guardian's name (print clearly) \_\_\_\_\_  
 Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Seal

## NOTARY

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 \_\_\_\_\_ My Commission expires: \_\_\_\_\_

Notary's Signature

DOH Use Only:  DISAPPROVED  APPROVED ON Date  m m d d y y y y  
 Revised July 17, 2012 \_\_\_\_\_ AUTHORIZED SIGNATURE EXPIRES ON Date  m m d d y y y y

## Religious Exemption from Immunization Form Instructions

### Who may use the Religious Exemption from Immunization Form:

- Individuals requesting a religious exemption to immunization may use this form.
- This form may be used for all children with a religious exemption going into any public, private or parochial pre-school, kindergarten, elementary or secondary school, and for children attending daycare or childcare facilities.
- This form may not be used for exemption from immunization for personal or philosophical reasons. New Mexico law does not allow for such exemption. (Please see New Mexico Law 24-5-3 at page bottom.)

### How to Complete the Religious Exemption from Immunization Form:

- Fill out all blank lines and check boxes, including the statement of religious belief(s).
- The form must be signed by a notary public.
- Mail the form to the New Mexico Department of Health at the address shown on the form. You may also submit your form in a drop box at the Department of Health in Santa Fe (Runnels Building).

### Department of Health Religious Exemption from Immunization Form Processing:

- The Department of Health has 60 days from receipt of the Religious Exemption from Immunization 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 the approved form and one copy. The Department of Health will also mail 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 telling you why your request was denied. You will also receive information on how to arrange for a meeting with the Department of Health should you wish to protest.

### **New Mexico Immunization Exemption Law (24-5-3):**

Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws:

- (1) A certificate of a duly licensed physician stating that the physical condition of the child is such that immunization would seriously endanger the life or health of the child; or
- (2) Affidavits or written affirmation from an officer of a recognized religious denomination that such child's parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prayer or spiritual means alone for healing;
- (3) Affidavits or written affirmation from his parent or legal guardian that his religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.

**NMAC 7.5.3:** "Within sixty (60) days of receipt of a certificate of conscientious objection to immunization, the director of the public health division or the designee shall review the certificate to determine whether the certificate has been duly completed and notarized. The public health division shall investigate as may be appropriate to ascertain that the exemption is a bona fide claim of religious beliefs and practices."