

Wyoming Department of Health Religious Exemption to Mandatory School Immunizations

This application must be signed by the parent/guardian in the presence of a notary public. Please note: You must submit one application per child. For additional information, please contact your local county public health nursing office or call the Immunization Section at (307) 777-7952. Upon completing this application, return the original completed form to your local county public health nursing office or mail to: Wyoming Department of Health, 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002, Attn: Immunization Exemptions. PLEASE PRINT UNLESS A SIGNATURE IS REQUIRED.

Name of Student:		Sex: Male	□ Female
Date of Birth: / / School Student Attends:	First	MI	
MM DD YYYY		Name	
School Mailing Address:			
Name of Parent/Guardian:			
Mailing Address:			
Street Phone Number: ()	City ()	State	Zip
Area Code Home Phone	Area Code	Alternate Phone	
I, (Name of Pare	ent/Guardian)	request a religious exe	emption to the
	•		•
mandatory school immunization statute (W.S. § 21-4-309) for			(Name or
Student), based on religious beliefs contrary to immunization	S.		
List the specific immunizations to be exempted:			
Signature of Parent/Guardian To be signed in the presence of a Notary Public		Date of Signature	
,			
NOTARY ACKNOW	LEDGEMEN	ΙT	
State of Count	ty of		
On this Day of 20	— Pla	Place Seal or Stamp Below	
Witness my hand and official seal.			
Signature of Notary Public			
My commission expires			
Expiration Date			
FOR USE BY THE COUNTY OR STA	ATE HEALTI	H OFFICER ONLY	
Immunizations Exempted:			
Signature of County or State Health Officer		Date	