

**ILLINOIS CERTIFICATE OF RELIGIOUS EXEMPTION  
TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS FORM**

**PARENT OR LEGAL GUARDIAN - COMPLETE THIS SECTION**

*Note: This form is required for all students entering kindergarten, sixth or ninth grades when parent(s) or legal guardian(s) is requesting a religious exemption on or after October 16, 2015. This form also must be submitted to request religious exemption for any student enrolling to enter any public, charter, private or parochial preschool, kindergarten, elementary or secondary school on or after October 16, 2015.*

***This form may NOT be used for personal or philosophical reasons. Illinois law does not allow for such exemptions.***

Student Name: (last, first, middle) _____	Student Date of Birth: Month Day Year ____/____/____	School Name: _____	Grade: _____
Parent/Guardian Name: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	City: _____	Exemption requested for (mark all that apply): <input type="checkbox"/> Hepatitis B <input type="checkbox"/> DTaP <input type="checkbox"/> Polio <input type="checkbox"/> Hib <input type="checkbox"/> Pneumococcal <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Td/Tdap <input type="checkbox"/> Meningococcal <input type="checkbox"/> Health Exam <input type="checkbox"/> Eye Exam <input type="checkbox"/> Dental Exam <input type="checkbox"/> Vision/Hearing Tests <input type="checkbox"/> Other (Indicate below)
Address: _____ _____	Telephone Number(s): _____ _____		

To receive an exemption to vaccination/examination, a parent or legal guardian must provide a statement detailing the religious beliefs that prevent the child from receiving each required school vaccinations/examination being requested.

In the space provided below, state each vaccination or examination exemption requested and state the religious grounds for each request. If additional space is needed, attach additional page(s).

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**Religious Exemption Notice:**

*No student is required to have an immunization/examination that is contrary to the religious beliefs of his/her parent or legal guardian. However, not following vaccination recommendations may endanger the health or life of the unvaccinated student, others with whom they come in contact, and individuals in the community. In a disease outbreak, or after exposure to any of the diseases for which immunization is required, schools may exclude children who are not vaccinated in order to protect all students.*

*I have read the Religious Exemption Notice (above) and have provided requested information for each vaccination/examination being requested for religious exemption.*

Signature of parent or legal guardian (required) \_\_\_\_\_

Date \_\_\_\_\_

**HEALTH CARE PROVIDER\* – COMPLETE THIS SECTION**

*Provision of information: I have provided the parent or legal guardian of the student named above, with information regarding 1) the required examinations, 2) the benefits of immunization, and 3) the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois. I understand that my signature only reflects that this information was provided; I am not affirming the parent or legal guardian's religious beliefs regarding any examination, immunization or immunizing agent.*

Health Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Signature of health care provider\* \_\_\_\_\_

Date: \_\_\_\_\_  
(Must be within 1 year prior to school entry)

\*Health care provider responsible for performing child's health examination includes physicians licensed to practice medicine in all of its branches, advanced practice nurses, or physician assistants.