## COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION

Name		Birth Date	
Studei	nt I.D. Number		
	The administration of immunizing student's/my religious tenets or practic outbreak, potential epidemic or epiden child's school, the State Health Comm from school, for my/my child's own process.	es. I understand, that in the occurrence nic of a vaccine-preventable disease in r nissioner may order my/my child's exc	e of an my/my
Signat	cure of parent/guardian/student	Date	
I here	by affirm that this affidavit was signed in	my presence on	
This _		Day of	
		Notary Publ	ic Seal

Form CRE-1; Rev. 00/92