



**Iowa Department of Public Health**  
**Certificate of Immunization Exemption**  
**Religious Exemption**

Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A religious exemption may be granted to an applicant only if immunization conflicts with a genuine and sincere religious belief. A Certificate of Immunization Exemption for religious reasons shall be signed by the applicant or, if the applicant is a minor, by the parent or guardian or legally authorized representative. By signing this certificate you are attesting that the immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations. The Certificate of Immunization Exemption for religious reasons is valid only when notarized. A child granted a religious exemption may be excluded from child care or school during a disease outbreak. The length of time a child is excluded from child care or school will vary depending on the type of disease and the circumstances surrounding the outbreak, and could range from several days to over a month.

By signing this form, I acknowledge the Iowa Department of Public Health has published information regarding immunizations on the Department's website, including:

- Information that failure to complete the required immunizations increases the risk to my child and others of contracting, carrying, and spreading a vaccine-preventable disease; and
- Information that there are children with special health needs attending schools and child care who are unable to be vaccinated or who are at a heightened risk of contracting a vaccine-preventable disease and for whom such a disease could be life-threatening.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant, Parent or Guardian

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_  
Date

Stamp or Seal

by \_\_\_\_\_  
Name(s) of Person(s)

Signature of Notary Public: \_\_\_\_\_

Title (or Rank for Military Personnel): \_\_\_\_\_

My commission expires: \_\_\_\_\_