

**AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS  
FROM MONTANA SCHOOL IMMUNIZATION LAW AND RULES**

Student's Full Name                      Birthdate                      Age                      Sex                      School

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If student is under 18, name of parent, guardian, or other person responsible for students care and custody:

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Street Address and City: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (Home); \_\_\_\_\_ (Work)

I, the undersigned, swear or affirm that immunization against diphtheria, pertussis (whooping cough), tetanus, polio, rebecca, mumps, and measles is contrary to my religious tenets and practices.

I also understand that:

(1) I am subject to the penalty for false swearing if I falsely claim a religious exemption for the above-named student [i.e. a fine of up to \$500, up to 6 months in jail, or both (Sec. 45-7-202, MCA)];

(2) In the event of an outbreak of one of the diseases listed above, the above-exempt student may be excluded from school by the local health officer or the State Department of Health and Environmental Sciences until the student is no longer at risk for contraction or transmitting that disease; and

(3) A new affidavit of exemption for the above student must be signed, sworn to, and notarized yearly and kept together with the State of Montana Certificate of Immunization (HES-101) in the schools records

\_\_\_\_\_  
Signature of parent, guardian, or other person  
Responsible for the above student's care and  
Custody; or of the student if 18 or older

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

SEAL

\_\_\_\_\_  
Notary Public for the State of Montana  
Residing in \_\_\_\_\_  
My commission expires: \_\_\_\_\_