

VACCINATION EXEMPTION PURSUANT TO
NEVADA REVISED STATUTES § 392.437

NRS 392.437 Immunization of pupils Exemption if prohibited by religious belief. A public school shall not refuse to enroll a child as a pupil because the child has not been immunized pursuant to NRS 392.435 if the parents or guardian of the child has submitted to the board of trustees of the school district or the governing body of a charter school in which the child has been accepted for enrollment a written statement indicating that their religious belief prohibits immunization of such child or ward.

VACCINE EXEMPTION FORM

I, _____, as the parent, guardian or person in loco parentis of the
(Insert your name)
the child _____, _____, _____, hereby
(Insert your child's name) (Grade) (School)
certify that the administration of any vaccine or other administration of any vaccine or other
immunizing agents is contrary to our **MEDICAL/PERSONAL** religious beliefs.

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | <input type="checkbox"/> Pneumococcal |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella | <input type="checkbox"/> Meningococcal |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Haemophilus influenzae type b | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella | |
| <input type="checkbox"/> Smallpox | <input type="checkbox"/> Anthrax | <input type="checkbox"/> Other |

This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my **MEDICAL/PERSONAL** religious beliefs. Pursuant to Nevada statute I am providing a copy of this statement to our child's school administrator or operator of the group program pursuant to NRS § 392.435.

Parent _____ Address _____

Date _____

Parent _____ Address _____

Date _____

Subscribed and Sworn before me this _____ day of _____, 20____.

Notary's Signature and Seal