COMMONWEALTH OF VIRGINIA CERTIFICATE OF RELIGIOUS EXEMPTION

Name		Birth Date	_
Studer	nt I.D. Number		
	student's/my religious tenets or pract outbreak, potential epidemic or epide child's school, the State Health Com	g agents conflicts with the above namices. I understand, that in the occurrence of emic of a vaccine-preventable disease in my/missioner may order my/my child's exclusive rotection, until the danger has passed.	an my
Signat	ure of parent/guardian/student	Date	_
I herel	by affirm that this affidavit was signed	in my presence on	
This _		Day of	_
		Notary Public S	eal

Form CRE-1; Rev. 00/92