

COMMONWEALTH OF KENTUCKY
CHILDHOOD IMMUNIZATION LAW
CERTIFICATE OF RELIGIOUS EXEMPTION



Name of Child _____ Birthdate _____

(Last) (First) (Middle)

Name of Parent or Guardian _____

Address _____

(Street) (City) (State) (Zip Code)

**RELIGIOUS EXEMPTION – THE ABOVE NAMED CHILD IS HEREBY GRANTED A RELIGIOUS EXEMPTION
OBJECTING TO _____ IMMUNIZATION(S) ON RELIGIOUS GROUNDS.**

(Signature of physician, health dept., or their designee)

(Date)

(Address)

**This Certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and
filed with the child's health record.**

EPID-230C (Rev 05/2003)