Wyoming Department of Health
Religious Exemption to Mandatory School Immunizations

This application must be signed by the parent/guardian in the presence of a notary public. Please note: You must submit one application per child. For additional information, please contact your local county public health nursing office or call the Immunization Section at (307) 777-7952. Upon completing this application, return the original completed form to your local county public health nursing office or mail to: Wyoming Department of Health, 6101 Yellowstone Road, Suite 420, Cheyenne, WY 82002, Attn: Immunization Exemptions. PLEASE PRINT UNLESS A SIGNATURE IS REQUIRED.

Name of Student: ___________________________ Sex: □ Male  □ Female

Date of Birth: _/__/____  School Student Attends: ___________________________

School Mailing Address: ______________________________________________________

Name of Parent/Guardian: _____________________________________________________

Mailing Address: _____________________________________________________________

Phone Number: (_)(_____)__________ Home Phone: (_)(_____)____________________

I, ___________________________________________________ (Name of Parent/Guardian), request a religious exemption to the mandatory school immunization statute (W.S. § 21-4-309) for ___________________________________________ (Name of Student), based on religious beliefs contrary to immunizations.

List the specific immunizations to be exempted: __________________________________________

__________________________ __________________________
Signature of Parent/Guardian Date of Signature
To be signed in the presence of a Notary Public

NOTARY ACKNOWLEDGEMENT

State of ___________________________ County of ___________________________

On this _______ Day of ______________________ 20 _____, Witness my hand and official seal.

__________________________
Signature of Notary Public

My commission expires ___________________________

FOR USE BY THE COUNTY OR STATE HEALTH OFFICER ONLY

Immunizations Exempted: ______________________________________________________

__________________________
Signature of County or State Health Officer Date

Revised 7/2010