


STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner

**Immunization Program**

**TO:** School Nursing Supervisors, School Medical Advisors & Superintendents of Schools  
**FROM:** Mick Bolduc, Epidemiologist Connecticut Immunization Program   
**DATE:** July 1, 2015  
**SUBJECT:** Revision to School Immunization Religious Exemption Regulations

The purpose of this memo is to inform you of changes to the school immunization religious exemption statute. The changes are effective July 1, 2015.

The state legislature amended the statute governing immunization exemptions (Conn. Gen. Stat. § 10-204a) in three ways.

1. To claim an immunization exemption based on religious beliefs, a child's parent or guardian must present a statement that such immunization would be contrary to the religious beliefs of the child or the parent/guardian of the child.
2. The statement must be acknowledged by a judge or family support magistrate, a clerk or deputy clerk of a court having a seal, a town clerk, a notary public, a justice of the peace, an attorney licensed to practice in the state of Connecticut, or a school nurse.
3. The amended statute requires the statement to be presented before a child can be enrolled in any public or non-public school program and before a child can enter seventh grade.

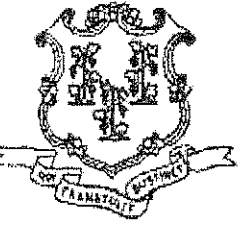
The Public Act (PA 15-242 § 68) amending the Statute can be accessed at:

<http://www.cga.ct.gov/2015/ACT/PA/2015PA-00242-R00HB-06987-PA.htm> (section 68)

Students with religious exemptions who are already enrolled at a school and are not entering seventh grade will not be affected by the amended statute.

Enclosed is a revised Religious Exemption form. The form is also available at:  
<http://www.ct.gov/dph/immunizations> (click Immunization Laws and Regulations, then click Exemption Forms). The Department does not require use of this form, but we hope that you find it useful.

As always, if you have any questions, please feel free to contact me at (860) 509-7940.



State of Connecticut  
Department of Public Health  
Religious Exemption Statement

\_\_\_\_\_  
(Printed full, legal name of student)

I, the undersigned, do hereby swear or affirm, as the case may be as follows:

1. I am making this Religious Exemption Statement pursuant to Conn. Gen. Stat. § 10-204a so that the student may enroll in school for the first time or enter seventh grade at \_\_\_\_\_ school.
2. I am the lawful  parent  guardian of the student.
3. Immunizing said student would be contrary to  student's  parent's  guardian's religious beliefs.
4. I understand that by claiming this exemption the student shall be exempt from the immunizations required by Conn. Gen. Stat. §§ 10-204a and 19a-7f.
5. I understand that during a vaccine-preventable disease outbreak at the above-identified school, all susceptible children, including the student will be excluded from school if a public health official determines that the school is a significant site for disease exposure, transmission and spread into the community. In such case, such children, including the student shall be excluded from school until: (1) the public health official determines that the outbreak danger has ended; (2) the child becomes ill with the disease and completely recovers from it; (3) the child is vaccinated according to public health protocol; or (4) the child has proof of immunity to the disease.

\_\_\_\_\_  
Name(s) of Parent(s)

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name(s) of Parent(s)

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (Street & House or Apt. no.)

\_\_\_\_\_  
Telephone(s) no.

\_\_\_\_\_  
City, State and Zip Code

**TO CLAIM A RELIGIOUS EXEMPTION, AN EXEMPTION FORM MUST BE SUBMITTED TO THE PUBLIC OR NON-PUBLIC SCHOOL BEFORE ENROLLING IN THE SCHOOL FOR THE FIRST TIME AND BEFORE ENTERING SEVENTH (7<sup>TH</sup>) GRADE.**

**ACKNOWLEDGEMENT**

STATE OF CONNECTICUT :  
 :  
COUNTY OF \_\_\_\_\_ : SS:

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_ the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name he or she subscribed to the within instrument and acknowledged that he or she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

- \_\_\_\_\_
- Judge
- Family Support Magistrate
- Clerk/Deputy Clerk (include seal)
- Town Clerk
- Notary Public My Commission expires (\_\_\_\_\_)
- Justice of the Peace
- Commissioner of the Superior Court (bar no. \_\_\_\_\_)
- School Nurse (license no. \_\_\_\_\_)