

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

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



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### Immunization Program

**TO:** All Health Care Providers  
**FROM:** Mick Bolduc, Epidemiologist Connecticut Immunization Program  
**DATE:** July 7, 2015  
**SUBJECT:** Revision to School & Child Care Immunization Religious Exemption Regulations

A handwritten signature in black ink, appearing to read "Mick Bolduc".

The purpose of this memo is to make providers aware of several changes to the school and child care immunization religious exemption statutes. The changes are effective July 1, 2015.

The state legislature amended the statute governing school 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.

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.

The state legislature also amended the statutes governing child care immunization exemptions (Conn. Gen. Stat. § 19a-79 & 19a-87b) 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.
3. The amended statute requires the statement to be presented annually to the child care provider.

Included are Religious Exemption forms for students and child care attendees. The student form is also available at: <http://www.ct.gov/dph/immunizations> (click *Immunization Laws and Regulations*, then click *Exemption Forms*). The child care form is available at: <http://www.ct.gov/oec> (click *Licensing*, then scroll down to *Disease and Prevention* and click on *Religious Exemption Form for Child Care*). 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. \_\_\_\_\_) )

# SAMPLE FORM

## Religious Exemption Statement

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

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. § 19a-79 so that the child may enroll in child care at \_\_\_\_\_.
2. I am the lawful parent guardian of the child.
3. Immunizing said child would be contrary to the child's parent's guardian's religious beliefs.
4. I understand that by claiming this exemption the child shall be exempt from one or more of the immunizations required by Conn. Gen. Stat. §§ 19a-79 and 19a-7f.
5. I understand that during a vaccine-preventable disease outbreak at the above-identified child care program, all susceptible children, including the child named above will be excluded from the child care program if a public health official determines that the program is a significant site for disease exposure, transmission and spread into the community. In such case, such children, including the named child shall be excluded from the program 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. Number)

\_\_\_\_\_  
Telephone Number

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

**TO CLAIM A RELIGIOUS EXEMPTION, AN EXEMPTION FORM MUST BE SUBMITTED TO THE CHILD CARE PROGRAM ANNUALLY.**

**ACKNOWLEDGEMENT**

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

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 \_\_\_\_\_)