



COMMONWEALTH OF KENTUCKY
CERTIFICATE OF RELIGIOUS EXEMPTION

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle)

Name of Parent of Guardian: _____

Address: _____
(Street) (City) (State) (Zip code)

**THE ABOVE NAMED CHILD IS HEREBY GRANTED A RELIGIOUS EXEMPTION FROM THE
REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY IN THE COMMONWEALTH OF KENTUCKY.**

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee)

(Date)

(Name of Office or Licensed Healthcare Facility)

**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.**