

## Exemption from Immunization Form Instructions

### Who may use the Exemption from Immunization Form:

- Individuals requesting a religious or medical exemption to immunization may use this form.
- This form may be used for all children with an exemption going into any public, private or parochial pre-school, kindergarten, elementary, secondary school, or home school and for children attending daycare or childcare facilities.
- This form may not be used for exemption from immunization for personal or philosophical reasons. New Mexico law does not allow for such exemption. (Please see New Mexico Law 24-5-3 at page bottom.)

### How to Complete the Exemption from Immunization Form:

- Fill out **all** blank lines and check boxes, including the check boxes for the religious or medical options.
- For medical exemptions, attach the letter from your duly licensed physician to this form.
- For religious exemptions using an affidavit, please attach the affidavit to this form.
- For religious exemptions using a written affirmation, please use the space provided on the form
- The form must be signed **and dated** by a notary public.
- Mail the form to the New Mexico Department of Health at the address shown on the form. You may also submit your form in a drop box at the Department of Health in Santa Fe (Runnels Building).

### Department of Health Exemption from Immunization Form Processing:

- The Department of Health has 60 days from receipt of the Certificate of Exemption Form to either approve or not approve the request (see NMAC 7.5.3 below). Make sure that the Department of Health receives the form at least 60 days prior to the day your child starts school.
- Upon approval, the Department of Health will mail you **one copy** of the approved form. The Parent/Guardian must take one copy of the approved form to your child's pre-school, school, daycare, or childcare facility.
- If your request is not approved, you will get a letter from the Department of Health telling you why your request was denied. You will also receive information on how to arrange for a meeting with the Department of Health should you wish to protest.

### **New Mexico Immunization Exemption Law (24-5-3):**

Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws:

- (1) A certificate of a duly licensed physician stating that the physical condition of the child is such that immunization would seriously endanger the life or health of the child; or
- (2) Affidavits or written affirmation from an officer of a recognized religious denomination that such child's parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prayer or spiritual means alone for healing;
- (3) Affidavits or written affirmation from his parent or legal guardian that his religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.

**NMAC 7.5.3:** "Within sixty (60) days of receipt of a request for exemption from immunization, the director of the public health division or the designee shall review the request to determine whether the certificate has been duly completed."

For any questions on how to complete the form please contact, (833) 882-6454 or (505) 827-2356

# CERTIFICATE OF EXEMPTION FROM SCHOOL/DAYCARE IMMUNIZATION REQUIREMENTS



Please Print Clearly, Complete All Fields, Use CAPITAL LETTERS ONLY

## Parent/Guardian Information

Full Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

## Child and School Information

Child Name \_\_\_\_\_  
 School Name \_\_\_\_\_  
 School Address \_\_\_\_\_  
 School City \_\_\_\_\_  
 School State \_\_\_\_\_ School Zip Code \_\_\_\_\_  
 Child Date of Birth \_\_\_\_\_ Child's Grade \_\_\_\_\_  
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**Gender** (As specified on birth certificate)  Male  Female  
**Ethnicity**  Hispanic  Non-Hispanic  
**Race**  Native American  Asian  Black  White  Other

### I object to my child receiving the following:

Diphtheria  Measles  Pertussis  Tetanus  
 Hepatitis A  Mumps  Pneumococcal  Varicella (Chicken Pox)  
 Hepatitis B  Meningococcal  Polio  
 Hib - Haemophilus Influenza type B  Rubella

I request that the 9 month period  
this exemption form is valid begin on:

\_\_\_\_\_ m m d d y y y y

**Mail original to:**  
 NM Immunization Program  
 1190 St. Francis/ (Runnels Bldg)  
 S- 1250, PO Box 26110  
 Santa Fe, NM 87502-6110

## Directions

Please complete this form. Check the box that corresponds to your request for exemption and include the required information. Then in the presence of a Notary Public, please sign and date this certificate and have it notarized. IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO ENSURE AN APPROVED COPY OF THIS EXEMPTION CERTIFICATE IS FILED WITH THE CHILD'S SCHOOL.

### I request exemption from immunization requirements in accordance with:

- NMAC 7.5.3.8 A.1, and I am attaching an affidavit or certificate from a duly licensed physician attesting that any of the required immunizations would seriously endanger the life or health of my child.
- NMAC 7.5.3.8 A.2, and I am attaching an affidavit or written affirmation from an officer of my denomination stating we are bona fide members of a recognized religious denomination which requires reliance on prayer or spiritual means alone for healing.
- NMAC 7.5.3.8 A.3, and I hereby certify through the **written affirmation** below, or **attached affidavit**, that my religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agents.

I UNDERSTAND THIS REQUEST IS SUBJECT TO THE APPROVAL OF THE NEW MEXICO DEPARTMENT OF HEALTH. I HAVE READ THE 'COMPULSORY IMMUNIZATION REGULATIONS' AND UNDERSTAND THE RISK OF NON-IMMUNIZATION FOR MY CHILD. I UNDERSTAND THAT THIS CERTIFICATE, IF APPROVED, IS VALID FOR A PERIOD NOT TO EXCEED NINE MONTHS AND WILL EXPIRE THEREAFTER. IF I WISH TO REQUEST ANOTHER EXEMPTION AFTER THE NINE MONTH PERIOD, I MUST COMPLETE ANOTHER CERTIFICATE OF EXEMPTION AND SEEK APPROVAL.

I ALSO UNDERSTAND THAT WHERE ANY CASE OF COMMUNICABLE DISEASE OCCURS OR IS LIKELY TO OCCUR IN MY CHILD'S SCHOOL, THE DEPARTMENT OF HEALTH MAY REQUIRE THE EXCLUSION OF INFECTED PERSONS AND NON-IMMUNIZED PERSONS (7.4.3.9 NMAC - Rp, 7 NMAC 4.3.9, 8/15/2003).

I swear that all the foregoing statements are true to the best of my information, knowledge and belief.

Parent/guardian's name (print clearly) \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Seal

## NOTARY

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

Notary's Signature

DOH Use Only:  DISAPPROVED  APPROVED

BEGINS ON Date \_\_\_\_\_  
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Revised August 2019 \_\_\_\_\_  
 Authorized Signature

EXPIRES ON Date \_\_\_\_\_  
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