ALASKA IMMUNIZATION REQUIREMENTS
RELIgIOUS EXEMPTION FORM

Alaska Immunization Regulations 4 AAC 06.55, 4 AAC 62.450, and 4 AAC 60.100 require that all children in Alaska public/private schools, certified preschools, and licensed child care facilities be immunized against pertussis (for children less than 7 years of age), diphtheria, tetanus, polio, measles, mumps, rubella, hepatitis A, hepatitis B, varicella (for children in child care facilities and preschools) and Haemophilus influenzae type b (for children less than 5 years of age in child care facilities or preschools), unless he/she is exempt for medical or religious reasons.

Religious exemption requests must contain the wording found in the Alaska Administrative Code [4 AAC 06.55(b)(3) or 4 AAC 62.450(c)(2)] stating all vaccines must be received unless the child "has an affidavit signed by his [4 AAC 62.450(c)(2) says "the child's"] parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant [4 AAC 62.450(c)(2) says "the parent or guardian"] is a member.

If a RELIGIOUS exemption is requested, complete the information below and return this form to the school, preschool, or child care facility.

Name of Child

Birthdate

Name of Facility

Address

City

Telephone

*NOTE: Personal or philosophical exemptions are not allowed under Alaska regulations.

To be completed by the child's parent or guardian.

I/We affirm that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.

Signature of Parent or Guardian

Date

Telephone

State of _______________________

Judicial District __________________ SS.

The Foregoing Instrument was acknowledged before me by ____________________________ on this _______ day of ______________________, 20______.

Witness my hand and seal.

_______________________________
Notary Public (Signature)

_______________________________
Notary's printed name

My commission expires ______________________

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