



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)

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

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\_\_\_\_\_  
(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.**