

**AFFIDAVIT of EXEMPTION FROM ADMINISTRATION of
HAEMOPHILUS INFLUENZAE TYPE b (Hib) on RELIGIOUS
GROUNDS FROM MONTANA
DAYCARE IMMUNIZATION RULES**

Child's full name _____

Birth Date _____

Age _____

Sex _____

Day Care Facility _____

Name of parent, guardian, or other person responsible for child's care and custody:

Street address and city:

Telephone: (home) _____ (work) _____

I, the undersigned, swear or affirm that immunization against *Haemophilus influenzae* type b (Hib) is contrary to my religious tenets and practices.

I also understand that:

(1) I am subject to the penalty for false swearing if I falsely claim a religious exemption for the above-named child [i.e. a fine of up to \$500, up to 6 months in jail, or both (Sec. 45-7-202, MCA)];

(2) In the event of an outbreak of the *Haemophilus influenzae* type b (Hib) disease listed above, the above-exempted child may be excluded from the day care by the local health officer or the Department of Public Health and Human Services until the child is no longer at risk for contracting or transmitting that disease; and

(3) **A new affidavit of exemption for the above child must be signed, sworn to, and notarized yearly and kept together with the State of Montana Certificate of Immunization (HES-101) in the day care's records.**

Signature of parent, guardian, or other person
responsible for the above child's care and
custody

Date

Subscribed and sworn to before me this _____ day of _____, _____.

Signature: Notary Public for the State of Montana

SEAL

Print Name: Notary Public for the State of Montana

Residing in _____

My commission expires _____