CERTIFICATE OF EXEMPTION
FROM SCHOOL/DAYCARE IMMUNIZATION REQUIREMENTS

NMHealth

Please Print Clearly, Complete All Fields, Use CAPITAL LETTERS ONLY - Must be Legible!

Parent/Guardian Information

Full Name

Mailing Address

City

State | Zip Code

Phone

Email

Child and School Information

Child First Name | Child Last Name | Middle Initial

School Name

School District

School Address and City

Child Date of Birth (m m d d y y y y) | Child Grade

Gender
○ Male ○ Female

Ethnicity
○ Hispanic ○ Non-Hispanic

Race
○ Native American ○ Asian ○ Black ○ White ○ Other

I object to my child receiving the following:

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

Exemption Start Date
(valid for one year)
m m d d y y y y

Mail Original Form to:
NM Immunization Program
1190 St. Francis Drive, Suite S-1250
PO Box 26110
Santa Fe, NM 87502-6110

Directions

Check the box that corresponds to your request for exemption and include the required information and/or attached affidavit. 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:

○ 7.5.3.8(A)(1) NMAC. Attach an **affidavit or certificate from a licensed physician, physician assistant, or certified nurse practitioner** attesting that any of the required immunizations would seriously endanger the life or health of your child.

○ 7.5.3.8(A)(2) NMAC. Attach an **affidavit or written affirmation from an officer of a recognized religious denomination** stating the parents or guardians are bona fide members of a recognized religious denomination whose religious teaching requires reliance on prayer or spiritual means alone for healing.

○ 7.5.3.8(A)(3) NMAC. Write an **affirmation** in the space provided below, or in an **attached affidavit**, that your religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.

_____

_____

_____

I UNDERSTAND THAT 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 TWELVE MONTHS AND WILL EXPIRE THEREAFTER. IF I WISH TO REQUEST ANOTHER EXEMPTION AFTER THE TWELVE-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).

I swear or affirm that all of the foregoing statements are true to the best of my information, knowledge, and belief. (Notary Seal)

Parent/Guardian's name (print clearly) _____

Parent/Guardian's signature: _____ Date: _____

NOTARY

Subscribed and sworn before me this _____ day of _____, 20____.

_____ My Commission expires: _____

Notary's Signature

DOH Use Only: ☐ DISAPPROVED ☐ APPROVED BEGINS ON Date (m m d d y y y y)

Revised 2025

_____
Authorized Signature

EXPIRES ON Date (m m d d y y y y)