All Templates (fillable)

Nine letter templates, each in three parts: how to use it, a one-page fill-in sheet, and the letter.
Fill in the sheet and the letter fills in with it. Then print, sign and file.
Confirm the current form, deadline and filing office with your state or county health department before filing.

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FORM F-1 **Template 1** · **How to use**

Template 1: Signed Religious Statement

For states that accept a signed written statement. Several of these states have particular requirements: see the Notes below and your state's entry.

States in Category 1: Hawaii, Idaho, Indiana, Louisiana, Massachusetts, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, Wisconsin.

Notes for Use in Specific States

- **Hawaii:** the exemption is all-or-nothing; a request limited to specific vaccines is refused.
- **Idaho and Ohio:** the statutes are broader than religion (religious or other grounds in Idaho; reasons of conscience in Ohio). Replace "religious beliefs" with your own grounds as the statute states them.
- **Indiana:** deliver the signed statement to the teacher or the individual who would order the immunization.
- **Massachusetts:** the exemption is suspended during a department-declared emergency or epidemic.
- **New Jersey:** sign with an original signature and state whether the exemption is for all vaccines or specific ones. A name typed on a template is not accepted.
- **Tennessee:** confirm with the school whether the statement must be affirmed under penalty of perjury.

Next: the fill-in sheet (Form F-1) and then the letter follow on the next pages.

BEFORE YOU FILE

Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.

In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.

Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-1 Template 1 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Parent/Guardian Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
School Name	
School Address	
School Official's Name	
Child's Full Name	
Date of Birth	
City, State	
State statute or rule (from your state's entry)	
Optional: your belief, in your own words	
Scope of the exemption (all, or list the vaccines)	

Signature: Date:

FORM F-1 Template 1 · Letter

To:

Subject: Religious Exemption from Immunization Requirements

Dear ,

I, , am the parent/legal guardian of , date of birth , a student at in .

Under , I am submitting this written statement to claim an exemption from immunization requirements for my child. Immunization conflicts with my sincerely held religious beliefs.

This exemption applies to .

I respectfully request that this exemption be accepted and that my child continue to be enrolled at . Please confirm receipt in writing. I can be reached at or if you need anything further.

Thank you for your consideration.

Sincerely,

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FORM F-2 **Template 2 · How to use**

Template 2: Notarized Statement or Affidavit

For Minnesota, whose statute requires a notarized statement, and for any school or district that asks for a sworn statement in addition to the state's form. In Alaska, Arkansas, Delaware, Georgia, Kentucky, Nebraska, New Mexico, South Carolina, Texas and Virginia, use the state's own form; it is the document the state requires.

States in Category 2: Alaska, Arkansas, Delaware, Georgia, Kentucky, Minnesota, Nebraska, New Mexico, South Carolina, Texas, Virginia, Puerto Rico.

Notes

- Notary services are available at many banks, libraries, county clerk's offices and shipping stores. Bring government-issued photo identification. Sign in front of the notary, not before.
- In most Category 2 states the exemption comes from the state form. Filing a self-written affidavit in place of the state form will usually be rejected.
- **Texas:** the notarized form must reach the school within 90 days of notarization.
- **South Carolina:** the notary must be a South Carolina notary.

Next: the fill-in sheet (Form F-2) and then the letter follow on the next pages.

BEFORE YOU FILE

Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.

In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.

Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received. Sign the affidavit only in front of the notary.

FORM F-2 Template 2 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Your State	
Your County	
Parent/Guardian Name	
Child's Full Name	
Child's Date of Birth	
School Name	
City, State	
State statute or rule (from your state's entry)	
Basis (religious or conscientious belief, as your statute states it)	
Scope of the exemption (all, or list the vaccines)	
Date	
Type of ID	
Notary Public Name	
Notary Signature	

Signature: Date:

FORM F-2 **Template 2 · Letter**

STATE OF _____ COUNTY OF _____

AFFIDAVIT OF EXEMPTION FROM IMMUNIZATION

Before me, the undersigned Notary Public, on this day personally appeared _____, who, being first duly sworn, states as follows:

1. Personal information. My name is _____. I am the parent/legal guardian of _____, born _____. My child is a student at _____ in _____.
2. Basis for exemption. Under _____, I claim an exemption from immunization requirements for my child. My child has not been immunized because of my _____.
3. Scope. This exemption applies to _____.
4. Understanding. I understand that if there is an outbreak of a vaccine-preventable disease, my child may be excluded from school temporarily under public health rules.
5. Affirmation. I swear or affirm under penalty of perjury that the information in this affidavit is true and correct.

_____

Sworn to and subscribed before me on _____ by _____, who is personally known to me or who produced _____ as identification.

_____ _____

Notary Public, State of _____

My commission expires: _____

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FORM F-3 **Template 3 · How to use**

Template 3: Statement of Adherence to a Religious Doctrine

For Kansas and South Dakota, whose statutes require a statement that the child adheres to a religious doctrine or denomination whose teachings oppose immunization.

States in Category 3: Kansas, South Dakota.

Notes

- **Kansas:** the statute's language is that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations. Use that framing.
- **South Dakota:** the Department of Health's Certificate of Immunization is the usual vehicle for the statement; ask your school. No notary is required.
- A school may ask whether your belief is sincerely held. Courts and agencies look at sincerity, not at whether your denomination's leaders share the belief.

Next: the fill-in sheet (Form F-3) and then the letter follow on the next pages.

BEFORE YOU FILE

Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.

In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.

Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-3 Template 3 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Parent/Guardian Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
School Name	
School Address	
School Official's Name	
Child's Full Name	
City, State	
State statute or rule (from your state's entry)	
Religious denomination or faith	
Your belief, in your own words (use only what is true for you)	
Scope of the exemption (all, or list the vaccines)	

Signature: Date:

FORM F-3 Template 3 · Letter

To:

Subject: Religious Exemption from Immunization Requirements

Dear ,

I, , am the parent/legal guardian of , a student at in .

Under , I submit this statement. My child is an adherent of , whose religious teachings are opposed to immunization.

Statement of Religious Belief

I request that my child be exempted from under state law. Please confirm receipt in writing. I can be reached at or .

Sincerely,

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FORM F-4 **Template 4** · How to use

Template 4: Cover Letter for an Official State Form

For states that publish a required exemption form. Complete the official form first; use this letter only if the school or health department asks for a written explanation, or to document what you filed.

States in Category 4: Alabama, Arizona, District of Columbia, Florida, Iowa, Maryland, Missouri, Montana, Nevada, New Hampshire, North Dakota, Oklahoma, Rhode Island, Vermont, Washington, Wyoming, Guam, U.S. Virgin Islands.

Instructions

1. Get the current official form from your state or county health department, or the school nurse. Check the version date.
2. Complete it exactly as written. Do not alter it. Some states say an altered form is invalid.
3. Check who must sign. Some forms are signed by the parent only; some by a health department official; some by a provider.
4. Submit it to the right office. In some states that is the school; in others it is the health department, the Department of Education or a county health officer.

Notes for Use in Specific States

- **Alabama:** the certificate is issued by the county health department after an in-person submission. The letter is only a supplement.
- **Florida:** DH Form 681 must be signed by the county health department's medical director or designee. A rule change that would renumber the forms was pending in October 2026.
- **Iowa:** the department's certificate may not be altered.
- **Maryland:** the one-line statement on MDH Form 896 is the religious objection. No clergy letter is required.
- **Nevada and Vermont:** file the form every year.
- **New Hampshire and North Dakota:** no notarization is required on the state form.
- **Oklahoma:** the form is filed with the State Department of Health, not just the school.
- **Wyoming:** the request goes to the State or County Health Officer.

Next: the fill-in sheet (Form F-4) and then the letter follow on the next pages.

> **BEFORE YOU FILE**
>
> Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.
>
> In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.
>
> Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-4 Template 4 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Parent/Guardian Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
School Name or Agency	
Child's Full Name	
School Official's Name	
School Name	
City, State	
State statute or rule (from your state's entry)	
Official form name and number	
Optional: brief explanation of the belief, if the school asks	

Signature: Date:

FORM F-4 **Template 4 · Letter**

To:

Subject: Immunization Exemption Form for

Dear ,

I am the parent/legal guardian of , who is enrolled at in .

Under , I am submitting the for my child. The completed form is attached.

Please confirm receipt of this exemption form in writing. I can be reached at or if you need anything further.

Sincerely,

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FORM F-5 **Template 5** · How to use

Template 5: Cover Letter for an Education or Provider Step

For states in which the exemption process includes an education module, an education session or video, a health department appointment, or a provider's signature: Colorado, Illinois, Michigan, Mississippi, Oregon and Utah.

States in Category 5: Colorado, Illinois, Michigan, Mississippi, Oregon, Utah.

Instructions

1. Complete the state's required step (online module, health department session, video or provider visit). Keep the certificate or confirmation.
2. Get the official form from the state or county health department.
3. Attach the certificate of completion or the provider's signed documentation.

Notes for Use in Specific States

- **Colorado:** the module or the provider signature is part of the Certificate of Nonmedical Exemption; it expires June 30 each year.
- **Illinois:** the health care provider who examined the child must co-sign the certificate. The provider's signature reflects only that education was provided; it is not an endorsement.
- **Michigan:** the county health department certifies the waiver after an education session.
- **Mississippi:** you must make an appointment with the county health department (855-767-0170), watch the video, and obtain Form 122 from the State Epidemiologist each year.
- **Oregon:** the module or practitioner documentation must be within the past 12 months. No notary is required.
- **Utah:** the default route is the free online module; the in-person route may carry a fee of up to $25.

Next: the fill-in sheet (Form F-5) and then the letter follow on the next pages.

> **BEFORE YOU FILE**
>
> Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.
>
> In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.
>
> Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-5 Template 5 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Parent/Guardian Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
School Name	
School Address	
Child’s Full Name	
School Official’s Name	
City, State	
State statute or rule (from your state’s entry)	
Education step completed, and date	
Provider signature obtained, and date	

Signature: Date:

FORM F-5 Template 5 · Letter

To:

Subject: Immunization Exemption Documentation for

Dear ,

I am the parent/legal guardian of , who is enrolled at in .

Under , I am submitting my child's exemption documentation. I have completed the steps the state requires:

-
-
- Submitted the official state exemption form, attached.

Please confirm receipt in writing. I can be reached at or if you need anything further.

Sincerely,

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FORM F-6 **Template 6 · How to use**

Template 6: Medical Exemption Request (Parent Cover Letter)

For states that allow only medical exemptions (California, Connecticut, Maine, New York, West Virginia), and for medical exemptions in any state. A licensed provider must make the medical determination. This letter is the parent's cover letter; it does not create an exemption on its own.

States in Category 6: California, Connecticut, Maine, New York, West Virginia.

Notes for Use in Specific States

- **California:** your physician (MD or DO) enters the exemption in the state's CAIR-ME registry. There is nothing for a parent to submit.
- **Connecticut:** the provider completes the DPH Student Medical Exemption Certificate through the DPH portal.
- **Maine:** a physician, nurse practitioner or physician associate may sign; no state form is required.
- **Mississippi:** the State Epidemiologist must approve the exemption and issues Form 122.
- **New York:** a New York-licensed physician must complete form DOH-5077.
- **West Virginia:** the state must approve medical exemptions.

Next Steps

- Make sure the provider completes and signs the correct form for your state.
- Submit the exemption to the school, or to the health department if your state requires it.
- Keep copies for your records and note any renewal date.

Next: the fill-in sheet (Form F-6) and then the letter follow on the next pages.

> **BEFORE YOU FILE**
>
> Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.
>
> In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.
>
> Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-6 Template 6 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Parent/Guardian Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
School Name	
School Address	
Child’s Full Name	
School Official’s Name	
City, State	
State statute or rule (from your state’s entry)	
Scope of the exemption (all, or list the vaccines)	
Provider who signs, as your state requires	
Provider letter, if requested	

Signature: Date:

FORM F-6 **Template 6 · Letter**

To:

Subject: Medical Exemption from Immunization Requirements for

Dear ,

I am the parent/legal guardian of , who is enrolled at in .

Under , I am submitting a medical exemption from for my child. The documentation is attached:

1. The state's medical exemption form or certificate, completed and signed by .
2.

I understand that my child may be excluded from school temporarily if there is an outbreak of a vaccine-preventable disease.

Please confirm receipt in writing. I can be reached at or .

Sincerely,

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FORM F-7 **Template 7 · How to use**

Template 7: Religious Accommodation Request (Employer or College)

For requesting a religious accommodation from a vaccine requirement at an employer or a college. This is not a school-entry exemption. See Chapter 17 for the law that applies.

Notes

- Describe your own belief. The employer may ask about its sincerity, and a statement that you copied from someone else is easy to challenge.
- Respond to follow-up questions promptly and consistently.
- Keep copies of the request, the employer's response and any alternatives offered.

Next: the fill-in sheet (Form F-7) and then the letter follow on the next pages.

BEFORE YOU FILE

Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.

In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.

Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-7 Template 7 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Your Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
Employer or college office	
Vaccine	
Name or Title	
My employment as ____ / my enrollment as ____	
Legal basis (for example, Title VII, state law or institution policy)	
Your belief, and how it conflicts with the requirement	
Faith or denomination, if applicable	
Alternative measures you propose	

Signature: Date:

FORM F-7 Template 7 · Letter

To:

Subject: Request for Religious Accommodation from Requirement

Dear ,

I am writing to request a religious accommodation from the requirement that applies to . I make this request under .

I hold a sincere religious belief that

. This belief is ; it is mine, whether or not others of my faith share it.

I request an exemption from the requirement. I am willing to discuss reasonable alternative measures, such as , and to answer any questions about my request.

Please confirm receipt and tell me the next steps and the decision timeline. I can be reached at or .

Sincerely,

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FORM F-8 **Template 8 · How to use**

Template 8: Medical Accommodation Request (Employer or College)

For requesting a medical accommodation from a vaccine requirement at an employer or a college. A provider's documentation is normally required.

Notes

- The ADA and Section 504 require reasonable modification for a documented medical condition. They do not create a stand-alone right to skip a requirement.
- Submit the medical information to the office designated to receive it (often HR or an accommodations office), not to your supervisor.

Next: the fill-in sheet (Form F-8) and then the letter follow on the next pages.

BEFORE YOU FILE

Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.

In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.

Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-8 Template 8 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Your Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
Date	
Employer or college office	
Vaccine	
Name or Title	
My employment / my enrollment	
Legal basis (for example, the ADA or Section 504)	
Provider's Name	
Provider's determination (contraindicated or not recommended)	
Alternative measures you propose	

Signature: Date:

FORM F-8 Template 8 · Letter

To:

Subject: Request for Medical Accommodation from Requirement

Dear ,

I am writing to request a medical accommodation from the requirement that applies to . I make this request under .

My licensed health care provider, , has determined that is for me because of a documented medical condition. The provider's letter is attached.

I am willing to discuss reasonable alternatives, such as .

Please confirm receipt and tell me the next steps and the decision timeline. I can be reached at or .

Sincerely,

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FORM F-9 **Template 9 · How to use**

Template 9: Physician Letter Supporting a Medical Exemption

For a physician or other licensed provider to adapt. Use it only for conditions you have actually diagnosed. It can accompany the state's medical exemption form; it does not replace it.

How to Use This Letter

- A state's form, if it has one, is the controlling document. This letter supplements it.
- Distinguish a contraindication from a precaution and state which applies. See Chapter 16.
- A temporary condition supports a temporary exemption with an end date.
- Disclose only the minimum necessary, and only with the patient's or guardian's written authorization.
- Make sure the provider type is one your state accepts. New York requires a New York-licensed physician; California requires a physician (MD or DO) to file in CAIR-ME; other states differ.

Next: the fill-in sheet (Form F-9) and then the letter follow on the next pages.

BEFORE YOU FILE

Check your state first. Confirm the current form, deadline and filing office with your state or county health department before filing.

In most states this template accompanies an official form and does not replace it. Use your state's current official form wherever one exists, and do not alter it.

Fill in the sheet, print the letter, sign it in ink, keep a copy, and ask for written confirmation that it was received.

FORM F-9 Template 9 · Fill-in sheet

Your answers appear in the letter on the next page automatically.

Complete the fields, then print, sign and file the letter with the documents your state requires.

Fields

Provider's name and credentials	
Practice Name	
Address	
City, State, ZIP Code	
Email Address	
Phone Number	
License Number	
Date	
School, health department or employer	
Patient's Name	
State	
Date of Birth	
Patient pronoun (his, her or their)	
Specific vaccine(s)	
Is / are	
Contraindication, or precaution with risk outweighing benefit	
Diagnosis or history, with dates	
Guidance relied on, and clinical judgment	
Duration (permanent, until a date, or until resolved)	
Records attached or available on request	
State medical exemption form, if required	
Provider's Name, Credentials	

Signature: Date:

FORM F-9 **Template 9 · Letter**

To:

Subject: Medical Exemption Certification for

To Whom It May Concern:

I am a licensed health care provider in and have been treating , date of birth . After evaluating medical history and current health, I have determined that for the following reason:

Diagnosis or history:

Basis in current guidance:

Duration: .

Records supporting this determination are in the patient's chart and . This letter accompanies .

Sincerely,

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