

NORTH CAROLINA
Immunization and/or Health Assessment Exemption Form

☐ **Immunization: 130A-157** *Religious exemption - If the bona fide religious beliefs of an adult or the parent, guardian or person in loco parentis of a child are contrary to the immunization requirements contained in this Part [Chapter 130A, Article 6, Part B], the adult or the child shall be exempt from the requirements. Upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the person may attend the college, university, school or facility without presenting a certificate of immunization.*

Pursuant to the aforementioned N.C.G.S. 130A-157, I, the undersigned, declare the immunization requirements as set forth in N.C.G.S. 130A-152 contrary to my bona fide religious beliefs and request, as permitted by the law, an exemption from the immunization requirements of your institution for myself or the undersigned minor child under my legal care or guardianship.

☐ **Health Assessment: 130A-442.** *Religious exemption. If the bona fide religious beliefs of the parent, guardian or person in loco parentis of a child are contrary to the health assessment requirements contained in this Article, this Article shall not apply to the child. Upon submission of a written statement of the bona fide religious beliefs and opposition to the health assessment requirements, the child may attend kindergarten without submitting a health assessment report.*

Pursuant to the aforementioned N.C.G.S. 130A-442, I, the undersigned, declare the immunization requirements as set forth in N.C.G.S. 130A-441 contrary to my bona fide religious beliefs and request, as permitted by the law, an exemption from the immunization requirements of your institution for myself or the undersigned minor child under my legal care or guardianship.

☐ I hereby release Kestrel Heights Charter School, its owners, staff, or representatives, from any liability based on health impairment resulting as a direct consequence of this exemption.

___ Check here if declaring exemption for a minor child and enter child's name below:

MINOR CHILD'S NAME: _____

PARENT NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

DATE: _____