



Catholic Diocese of Wichita Religious Exemption Certification

Student Name _____ School Year _____

Parent/Guardian: _____ Grade Level _____

Telephone _____

Religious Exemption for the following vaccines(s)

- | | |
|---|--|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Tdap/T4 | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Pertussis Only | <input type="checkbox"/> Pneumococcal Conjugate |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Meningococcal Conjugate |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Human Papillomavirus |
| <input type="checkbox"/> Rotavirus | <input type="checkbox"/> Other _____ |

I certify that this child has not received this inoculation(s) as specified on this form.

Parent Signature: _____ Date _____

Religious Exemption: Although the Catholic Church supports and encourages vaccinations, it is not a moral obligation imposed on every member of the Church. It must be voluntary, and not obligatory by mandate. The Diocese supports the rights of the parents to make informed medical decisions for their children. Therefore, the Catholic Diocese of Wichita grants the religious exemption to parents who choose not to vaccinate their children. This decision is based both on respecting the rights of parents in making health care decisions for their children and respecting the right for them to act according to their consciences. Annual religious exemption shall be documented on the official form for the Catholic Diocese. Students with religious exemptions shall be permitted to attend school except in the case of a vaccine-preventable disease outbreak in the school.