



Student Health Partners

**AFFIDAVIT OF EXEMPTION ON RELIGIOUS GROUNDS FROM MONTANA SCHOOL
IMMUNIZATION LAWS AND RULES**

Student's full name _____ Student ID # _____

Date of Birth _____ Age _____

I, the undersigned, swear or affirm that immunization against measles, mumps and rubella is contrary to my religious tenets and practices.

I understand that:

1. I am subject to the penalty for false swearing if I falsely claim a religious exemption. A fine of up to \$500, 6 months in jail, or both. (Sec. 45-7-202, MCA).
2. In the event of an outbreak of one the above listed diseases, I may be excluded from school by the local health officer or the State Department of Health and Human Services until I am no longer at risk for contracting or transmitting said disease.
3. No refund of tuition will be granted to me for missed classes.
4. I must comply with Montana State University's requirement of a tuberculosis screening form. If, according to the screening form, I need to update my TB test, it must be done within the past one year before the first day of classes.

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____ 20_____

Signature of Notary Public

Notary for the State of _____

Residing in _____

My commission expires _____

Medical Services

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Mountains & Minds