Certificate of Exemption Form Instructions

Who may use the Exemption from Immunization Form:

- Students requesting a religious or medical exemption to immunization may use this form. (Must be either 0-18 years of age OR a student between daycare to 12th grade)
- This form may be used for all children with an exemption going into any public, private or parochial preschool, kindergarten, elementary, secondary school, or home school and for children attending daycare or childcare facilities.
- This form may not be used for exemption from immunization for personal or philosophical reasons. New Mexico law does not allow for such exemption. (Please see NMSA 24-5-3 at page bottom.)

How to Complete the Exemption from Immunization Form:

- Form must be completed and submitted by the parent or guardian on behalf of the child
- Fill out **all** blank lines and check boxes, including the check boxes for the religious or medical options.
- For medical exemptions, attach the letter from your licensed physician, a physician assistant, or a certified nurse practitioner to this form.
- For religious exemptions using an affidavit, please attach the affidavit to this form.
- For religious exemptions using a written affirmation, please use the space provided on the form.
- The form must be signed and dated by the parent/guardian in front of a notary public, and must also be signed and dated by the notary public on the same date.
- Mail the form to the New Mexico Department of Health at 1190 St. Francis Drive, Suite S-1250/PO Box 26110, Santa Fe, NM 87502-6110. You may also submit your form in a drop box at the Department of Health in Santa Fe, NM (Harold Runnels Building).

Department of Health Exemption from Immunization Form Processing:

- The Department of Health has 60 days from receipt of the Certificate of Exemption Form to either approve or not approve the request (see 7.5.3 NMAC below). Forms may be submitted for the upcoming school year so long as the start of the school year is within the existing calendar year (i.e. Forms for the 2025-26 school year will begin to be accepted in January 2025).
- Upon approval, the Department of Health will mail you one copy of the approved form. **TheParent/Guardian must take one copy of the approved form to your child's pre-school, school, daycare, or childcare facility.**
- If your request is not approved, you will get a letter from the Department of Health with the reasoning for the disapproval. You may then resubmit your request with the necessary changes.

New Mexico Immunization Exemption Law (NMSA 24-5-3):

Any minor child through his parent or guardian may file with the health authority charged with the duty of enforcing the immunization laws:

(1) A certificate of a licensed physician, a physician assistant, or a certified nurse practitioner stating that the physical condition of the child is such that immunization would seriously endanger the life or health of the child; or

(2) An affidavit or written affirmation from an officer of a recognized religious denomination that such child's parents or guardians are bona fide members of a denomination whose religious teaching requires reliance upon prayer or spiritual means alone for healing;

(3) Affidavits or written affirmation from the child's parent or legal guardian that the parent's or legal guardian's religious beliefs, held either individually or jointly with others, do not permit the administration of vaccine or other immunizing agent.

7.5.3.8(C) NMAC: "Within sixty (60) days of receipt of a request for exemption from immunization, the director of the public health division or the designee shall review the request to determine whether the certificate has been duly completed."

For any questions on how to complete the form, please contact (833) 882-6454

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)