



Vaccination Opt Out per Medical Reasons or Religious Beliefs Medical Certification / Sworn Statement

Pursuant to the dispositions in Article 5 of Act 25th, dated September 25th, 1983, as amended, better known as the Immunization Act for Preschoolers and Students, the Vaccination Certificate will not be required as part of educational institutions enrollment documentation of a student who submits a sworn statement requesting a vaccination opt put per religious reasons, or a signed certification from an authorized physician licensed to practice in Puerto Rico, requesting said exemption due to medical conditions. However, exempt students will be required to vaccinate under mandatory conditions during an epidemic, in accordance with the Secretary of Health's determination. The aforementioned Act 25th does not provide for exemptions, neither for personal or philosophical reasons.

Parent or legal guardian: Fill the section included below with the corresponding information and submit it to designated personnel from your child's educational institution at the beginning of every school year. This form is valid for one (1) year.

Personnel from educational institutions: A copy of this form must be sent to the Department of Health (by mail: Departamento de Salud, División de Vacunación, PO Box 70184, San Juan, PR 00936-8184; via email: anrivera@salud.pr.gov; or via fax: (787) 522-3952.

A. Medical Exemption Certification: No student with a medical contraindication, medical record or immunization evidence from a laboratory is under obligation to receive a vaccine shot. In order for a student to receive a medical exemption, the certification included below should be signed by a physician.

I certify that the vaccines listed below are medically contraindicated, have been evidenced by an immunization laboratory, or because said immunization exists due to a history of disease confirmed by a laboratory.

Student's Name: _____

Reason (condition or contraindication) and condition's estimated duration: _____

Vaccines opted out: _____

Physician's Name (Print)	Physician's Signature	license #	Date
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B. Sworn Statement for Vaccination Opt Out per Religious Beliefs: No student is under obligation to receive a vaccine shot that goes against the religious beliefs of his/her parent or guardian. However, failing to comply with immunization recommendations can endanger the health and life of the student, as well as others who come into contact with him/her. To receive a vaccination exemption, the parent/guardian and the religion's Minister should complete and sign the declaration included below, in the presence of a notary:

I hereby certify before a notary that vaccination practices are against my religious beliefs. That student

I, _____, Minister of the _____ religion,
of legal age, () single, () married, () divorced, () widowed, residing in the municipality of _____, and
I, _____ parent or legal guardian of _____
of legal age, () single, () married, () divorced, () widowed, residing in the municipality of _____, certify
and give faith of the aforementioned declaration.

Religious Minister's Signature	Date
Parent/Legal Guardian's Signature	Date

Affidavit No. _____

Subscribed and sworn before me by _____ and _____,

per the aforementioned circumstances, of whom I give faith of knowing personally or having identified through _____.

In _____, Puerto Rico, on _____, _____, 20____.

Notary Seal

Notary's Signature