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3 AMENDMENT TO THE SUBSTITUTE FOR SB15  
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8 On page 2, line 5, after "consent;" insert the  
9 following:

10 to require the submission of a vaccination religious  
11 exemption form under certain conditions;  
12

13 On page 2, after line 20, insert the following new  
14 subsection and reletter the remaining subsection:

15 (d) When a parent of a student refuses to provide  
16 proof of the student's vaccination status pursuant to this  
17 section, and claims a religious exemption as grounds for the  
18 refusal, the parent shall be required to complete and submit  
19 the following vaccination religious exemption form:

20 "VACCINATION RELIGIOUS EXEMPTION FORM

21 INSTRUCTIONS TO PARENTS OR GUARDIANS:

22 Vaccine preventable diseases continue to exist.  
23 Immunizations are one of the most cost effective measures to  
24 protect children, adolescents, and adults from harmful vaccine  
25 preventable diseases and possible death. A high proportion of  
26 children and adolescents must be immunized to prevent  
27 outbreaks of disease in school settings and other places where

1 children and adolescents are educated, work, and play close  
2 together.

3 A parent or guardian wishing to exempt their child  
4 from some or all vaccinations must provide a written statement  
5 indicating the religious objections to the vaccination(s). A  
6 person who has been exempted from a vaccination is considered  
7 susceptible to the disease or diseases for which the  
8 vaccination offers protection. This person may be subject to  
9 exclusion from school, group facilities or other programs, if  
10 the local and/or state public health authority advises  
11 exclusion as a disease control measure.

12 By signing this religious exemption form, I  
13 acknowledge that I have been educated and received materials  
14 regarding the benefits of vaccination. I have had an  
15 opportunity to ask questions which were answered to my  
16 satisfaction. I further acknowledge that I may be placing  
17 myself or my child and others at risk of serious illness  
18 should my child contract a disease that could have been  
19 prevented through proper vaccination. I feel I understand the  
20 risks associated with not receiving the vaccines checked  
21 below. I also give permission to share my immunization record  
22 and/or Certificate of Religious Exemption with facilities or  
23 institutions, which are required by law to have such records  
24 and with my other health care provider(s).

25 PLEASE PRINT

26 All information must be filled in below:

1 I swear or affirm that I object to having my child,  
2 named \_\_\_\_\_, date of  
3 birth \_\_\_\_\_, immunized with the COVID-19  
4 vaccine.

5 Reason:  
6 \_\_\_\_\_

7 Parent(s)/Guardian(s) Name(s):  
8 \_\_\_\_\_

9 Signature of parent or  
10 guardian \_\_\_\_\_

11 Date  
12 signed: \_\_\_\_\_

13 Signature of  
14 physician \_\_\_\_\_

15 Date  
16 signed: \_\_\_\_\_"