



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**OFFICE OF LEGAL AND REGULATORY SERVICES**  
**CHILD CARE LICENSING UNIT**

**Jeffrey A. Meyers**  
 Commissioner  
  
**Melissa A. St. Cyr, Esq.**  
 Chief Legal Officer

129 PLEASANT STREET, CONCORD, NH 03301-3857  
 603-271-9025 1-800-852-3345 Ext. 9025  
 Fax: 603-271-4782 TDD Access: 1-800-735-2964  
 www.dhhs.nh.gov

**CERTIFICATE OF RELIGIOUS EXEMPTION IN A CHILD CARE PROGRAM**  
**(PHYSICAL EXAMINATION)**

In accordance with the New Hampshire Child Care Program Licensing Rules, I hereby request exemption from the required physical examination of my child (name) \_\_\_\_\_, on the basis of my religious beliefs. I understand that if any immunizable, communicable childhood disease is identified at the program where my child is enrolled, my child may not attend the program for at least two weeks or longer from the onset of the disease, as determined by the Bureau of Communicable Disease Control regarding the outbreak of communicable disease as it affects my child’s attendance at the program.

I understand the Bureau of Communicable Disease Control strongly recommends that every child who attends child care have a physical examination according to the schedule prescribed by the American Academy of Pediatrics.

I further understand that this exemption only applies to my child while attending (name of child care program) \_\_\_\_\_ and in no way represents an exemption when my child enters any public or private school system.

\_\_\_\_\_  
 SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
 DATE

I hereby affirm that this affidavit was signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

NOTARY PUBLIC SEAL

My Commission Expires: \_\_\_\_\_  
 Date