

INSTRUCTIONS TO FILL OUT AND SUBMIT THE CERTIFCATE OF RELIGIOUS EXEMPTION FOR BLOOD LEAD TESTING

<u>BEFORE</u> you complete the Certificate of Religious Exemption for Blood Lead Testing in the second page, read the requirements on it to make sure your child meets such requirements. If he/she does not meet them, DO NOT COMPLETE the Religious Certificate Exemption for Blood Lead Testing.

If he/she does, read the instructions below to complete and submit the certificate.

This exemption certificate has three sections:

- 1. Name of the child and date of birth
- 2. Parent or legal guardian information (Name, address, signature, and date of the application)
- 3. Notary Public information (State and county, date, solicitant name, notary public signature, title, and commission expiration date)

INSTRUCTIONS: Fill out your child's section and yours by printing each of the lines clearly. Have a Notary Public fill out their section with their respective stamp/seal. Once it is notarized, submit a copy of the certificate to your child's school and to the following address:

Lucas State Office Building Iowa Department of Public Health Attn: Rossany Brugger (5th floor) 321 East. 12 St. Des Moines, IA 50319

IDPH will add the name of your child to IDPH's data base of children who received the Exemption of Blood Lead Testing for Religious reasons.

IMPORTANT: Please provide the exact last, first and middle name, and the date of birth of your child, as you did or will do at your child's school. If you misspell their name or date of birth at either, the school registration or in this certificate, your child may not be found in our records and you may be asked to have your child tested.

If you have questions or concerns, please contact <u>Rossany.brugger@idph.iowa.gov</u> or call at (515) 281-3225 or at (800) 972-2026.



Iowa Department of Public Health Certificate of Religious Exemption for Blood Lead Testing

Child Name

Last:	First:	Middle:	Date o	of Birth:
School name:			School district/building	ng #:
sincere religious b the minor's parent attesting that the	tion may be granted to an elief. A Certificate of a Bloot or guardian or legally aut blood lead testing conflicts nd not based merely on ph ting.	od Lead Test Exempti horized representativ with a genuine and si	on for religious reasons e. By signing this certif incere religious belief a	s shall be signed by ficate, you are nd that the belief is
poisoning in childr blood tested. I un consequences for	uardian of the above-name en. I understand that the derstand my refusal to allo my child's future developm oisoning if exposed to lead	only way to know if m w my child to be test nent. I understand a	y child is lead-poisoned ed for lead poisoning o	d is to have his or her could have significant
	m, I acknowledge the infor blic Health on blood lead to		e resources available a	it the Iowa
Name (Print):		Parent or legal guardia	n	
		Parent or legal guardia		
Address:	at No	Church	C'4.	Zip code
,		Street	City	·
Signature:	Parent or legal guar	rdian	Date:	
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A Certificate of Rel	igious Exemption is vali	d only when signed	and sealed by a notal	ry public.
State of	County of			
This document was	s acknowledged before me	on	Date	
by	Name(s) of Person(s)			
	Name(s) of Person(s)			Notary Stamp or Se
Signature of Notary	y Public:			
Title (or Rank for I	Military Personnel):			
My commission exr	oires:			