



**FLORIDA CERTIFICATION OF IMMUNIZATIONS
FORM 681 REQUEST**

RELIGIOUS EXEMPTION

Florida Department of Health-Okaloosa County

221 Hospital Dr. NE, Fort Walton Beach (FWB)
FWB Immunization Office Phone: (850) 833-9246
FWB Immunization Office Fax: (850) 833-3442
810 E James Lee Blvd, Crestview (CV)
CV Office Phone: (850) 833-9246
CV Office Fax: (850) 689-5928

PRINT CLEARLY

FWB CV

CHILD'S NAME: _____ DOB: _____ RACE: _____
Month/day/year

MALE FEMALE AGE: _____ GRADE _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE: _____

Form Completed by: _____ Relationship to Child: _____
(PRINT Parent or Guardian Name)

Parent Guardian Signature

Date: _____

Use this form to request a FL Certification of Religious Exemption.

- Complete top section above, give to clerk.
- Return this form to immunizations section/department. You will be scheduled an appointment (as appointments are available) to receive the certified exemption.

For Staff Use Only

Date requested: _____

Date Completed: _____

Parent/Guardian received document

DO NOT GIVE THIS FORM TO THE CLIENT. REMOVE FROM PACKET AND SCAN TO HMS ATTACH DOCUMENTS UNDER CONSENTS.