



AFFIDAVIT

Exemption from Immunizations for Reasons of Conscience

To receive an exemption from Texas immunization requirements, a signed affidavit must be submitted for each individual and is only valid for the individual named below in section A. This form is only valid for two years from the date of notarization. This affidavit is not valid if photocopied.

(A) Individual's Full Name ① Student's Name & DOB printed

First	Middle	Last	Date of Birth (mm/dd/yyyy)

PLEASE COMPLETE THE FOLLOWING SECTIONS

(B) I do **NOT** want my child/self to receive the following vaccine(s) for reasons of conscience, which may include a religious belief. Please check only the vaccine(s) that you do **NOT** want your child/self to receive.

② Checks or X's here

- | | |
|--|---|
| <input checked="" type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP/DT) | <input checked="" type="checkbox"/> Haemophilus influenzae type b (Hib) |
| <input checked="" type="checkbox"/> Hepatitis A | <input checked="" type="checkbox"/> Hepatitis B |
| <input checked="" type="checkbox"/> Measles, mumps, rubella (MMR) | <input checked="" type="checkbox"/> Meningococcal (MenACWY/MCV4) |
| <input checked="" type="checkbox"/> Pneumococcal (PCV) | <input checked="" type="checkbox"/> Polio (IPV) |
| <input checked="" type="checkbox"/> Tetanus, diphtheria, pertussis (Td/Tdap) | <input checked="" type="checkbox"/> Varicella (chickenpox) |

(C) I have read and understand the enclosed Benefits and Risks of Vaccination information. I understand the risks of not vaccinating my child/self. I further understand that my child/self may be excluded from school attendance in times of emergency or epidemic declared by the Commissioner of Public Health.

I certify that I am the parent or legal guardian of the above-named child or am signing for self as an adult and that the information provided here is true and correct.

Signature of Parent or Legal Guardian/Self if an adult Parents ③ Signature Date Date ④ Signed

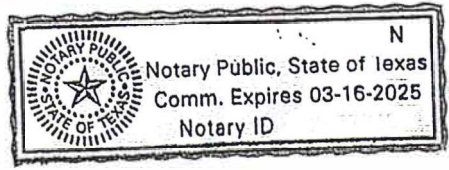
Parents Printed Name ⑤

BEFORE ME, the undersigned authority, on this day personally appeared and being by me first duly sworn. did state under oath the following:

My name is . I am eighteen years of age or older, fully competent and authorized to make this affidavit based on my personal knowledge.

⑥ Parents Printed Name SUBSCRIBED and SWORN to before me by the said affiant, this day of 20

Affix seal



Notary Signature NOTARY PUBLIC, STATE OF TEXAS