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.

photocopied. (A) Individual's Fu	ull Name Form arrives with your	child	's name a	nd DOB	here.	
First	Middle		La	ıst	Date of Birth (mm/dd/yyyy)	
PLEASE COMPL	ETE THE FOLLOWING SE	CTIC	NS			
	t my child/self to receive the a religious belief. Please receive.					
Diphtheria, te	Diphtheria, tetanus, pertussis (DTaP/DT) Haemophilus influenzae type b (Hib)					
Hepatitis A			Hepatitis B			
Measles, mur	Measles, mumps, rubella (MMR) Meningococcal (Me				WY/MCV4)	
Pneumococc	al (PCV)		Polio (IPV)		*Don't forget to provide the school with an immunization	
Tetanus, diph	theria, pertussis (Td/Tdap)		Varicella (chi	ickenpox)	record for any of the vaccines your child has received.	
understand the ris	nd understand the enclosed sks of not vaccinating my cl from school attendance in Public Health.	hild/se	elf. I further	understa	nd that my child/self	
as an adult and th	the parent or legal guardian nat the information provided ou Sign Here		is true and	correct.	or am signing for self	
Signature of Pare	nt or Legal Guardian/Self if	an a				
and being by me first My name is and authorized to ma	dersigned authority, on this day production duly sworn, did state under oath YOUR Name Here ke this affidavit based on my per	the fo l	llowing: am eighteen knowledge.	years of ag	DUR Name Here ge or older, fully competent ary dates here 20	
Affix seal	-					
				-	ry Signs Here	
				NOTARY P	UBLIC, STATE OF TEXAS	