

Affidavit
Exemption From Immunizations for Reasons of Conscience
(This form is only valid for two years from the date of notarization)

To receive an exemption from Texas immunization requirements, a separate, signed affidavit must be submitted for each individual. This affidavit is not valid if photocopied.

PLEASE COMPLETE THE FOLLOWING SECTIONS

(A) Individual's Full Name

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

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

I have read and I 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 Date _____

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 over the age of eighteen years, fully competent and authorized to make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this _____ day of _____ 20_____.

Affix seal

 NOTARY PUBLIC, STATE OF TEXAS

