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)

(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.

☐ Diphtheria, tetanus, and pertussis (DTaP/DT) ☐ Meningococcal
☐ Tetanus/diphtheria booster (Td/Tdap)
☐ Polio
☐ Measles, mumps, rubella (MMR)
☐ Hepatitis B
☐ Hepatitis A
☐ Varicella (chickenpox)
☐ Haemophilus influenzae type b (Hib)
☐ 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

Immunization Branch, P.O. Box 149347, Austin, Texas 78714-9347, Phone 800-252-9152