



### 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**

_____	_____	_____	_____
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.**

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

**Parent Signature Here** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of Parent or Legal Guardian/Self if an adult

BEFORE ME, the undersigned authority, on this day personally appeared **\*Parent Name Printed Here\*** and being by me first duly sworn, did state under oath the following:  
My name is **\*Parent Name Printed Here\***. I am eighteen years of age or older, 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 Stamp Here ]**

**Notary Signature Here**  
NOTARY PUBLIC, STATE OF TEXAS