



AFFIDAVIT

Exemption from School or Childcare Immunizations for Reasons of Conscience

This notarized affidavit must be submitted to request an exemption from state-required immunizations to attend a Texas childcare facility, elementary or secondary school, or institution of higher education. This affidavit is only valid for the individual named in section A, and is only for submission to Texas schools and childcare facilities. This affidavit is valid for two years from the date of notarization. Photocopies of this affidavit are not valid. Additions or changes to this affidavit are not valid.

(A) Individual's Full Name

① Students full & legal name and DOB

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) I have marked, for reasons of conscience or religious belief.

②
Clear
Checks
or
X's

- ☒ Diphtheria, tetanus, pertussis (DTaP/DT)
- ☒ Hepatitis A
- ☒ Measles, mumps, rubella (MMR)
- ☒ Pneumococcal (PCV)
- ☒ Tetanus, diphtheria, pertussis (Td/Tdap)
- ☒ Rabies

- ☒ Haemophilus influenzae type b (Hib)
- ☒ Hepatitis B
- ☒ Meningococcal (MenACWY/MCV4)
- ☒ Polio (IPV)
- ☒ Varicella (chickenpox)

(C) I have read and understand the enclosed *Benefits and Risks of Vaccination* information. I understand the individual named in Section A may be excluded from school attendance in times of emergency or epidemic declared by the Commissioner of Public Health.

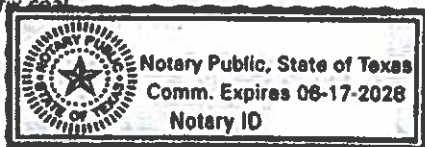
(D) I certify that I am the parent / legal guardian of the above-named child or I am signing for myself as an adult student, and the information provided is true and correct.

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

BEFORE ME, the undersigned authority, on this day personally appeared ⑤ Parent Printed Name _____ and being by me first duly sworn, did state under oath the following:
My name is Parent Printed Name ⑥. I am eighteen years of age or older, fully competent and authorized to make this affidavit based on my personal knowledge. ⑦ Date notarized _____

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

Affix seal



Notary Stamp ⑨

⑧ Notary Signature

NOTARY PUBLIC, STATE OF TEXAS