

# AFFIDAVIT

## Exemption From School or Child-Care Immunizations for Reasons of Conscience



TEXAS  
Health and Human Services  
Texas Department of State  
Health Services

This notarized affidavit must be submitted to request an exemption from state-required immunizations to attend at Texas child-care facility, elementary or secondary school, or institution of higher education, including students enrolled in health-related and veterinary courses. This affidavit is only valid for the individual named in section A and is only for submission to Texas schools and child-care facilities. This affidavit is valid for two years from the date of notarization. Additions or changes to this affidavit are not valid.

### (A) Individual's Full Name

|       |        |      |                               |
|-------|--------|------|-------------------------------|
| First | Middle | Last | Date of Birth<br>(mm/dd/yyyy) |
|-------|--------|------|-------------------------------|

### PLEASE COMPLETE THE FOLLOWING SECTION

**(B)** I do **NOT** want my child/self to receive the following vaccine(s) I have marked, for reasons of conscience or religious belief.

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

\*MCV4 is required for grade 7 through 12. MenB or MCV5 may be used for college requirements for a bacterial meningitis vaccination dose or booster.

**(C)** I have read and understand the *Benefits and Risks of Vaccination* information sheet. 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 or as allowable by 25 Texas Administrative Code, [Sec. 97.7](#).

**(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 that the information provided here is true and correct.

|  |      |
|--|------|
| Signature of Parent or Legal Guardian/Self if an adult | Date |
|--|------|

State of Texas

County of \_\_\_\_\_

BEFORE ME, \_\_\_\_\_,  
on this day personally appeared \_\_\_\_\_, known to me (or proved to me through description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

*Affix seal*

NOTARY PUBLIC