

**AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION**

\_\_\_\_\_ personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of \_\_\_\_\_ (name of minor child).
2. I understand that the Georgia Department of Public Health requires children to obtain the following vaccinations before being admitted to a childcare facility or school: diphtheria; haemophilus influenzae type B (not required on or after the fifth birthday); hepatitis A; hepatitis B; measles; meningitis; mumps; pertussis (whooping cough); pneumococcal (not required on or after the fifth birthday); poliomyelitis; rubella (German measles); tetanus; and varicella (chickenpox).
3. I understand that the Georgia Department of Public Health has determined that these vaccinations are necessary to prevent the spread of dangerous diseases among the children and people of this State; that the required vaccinations are safe; that a child who does not receive these vaccinations is at risk of contracting those diseases; and that a child who does not receive those vaccinations is at risk of spreading those diseases to me, to other children in the childcare facility or school, and to other persons.
4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience.
5. I understand that, notwithstanding my religious objections, my child may be excluded from childcare facilities or schools during an epidemic or threatened epidemic of any disease preventable by a vaccination required by the Georgia Department of Public Health, and that my child may be required to receive a vaccination in the event that such a disease is in epidemic stages.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent or Legal Guardian (Printed)

\_\_\_\_\_  
Parent or Legal Guardian (Signature)

\_\_\_\_\_  
Name of Child/Student (Printed)

Sworn and subscribed before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_.

