



**AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION**

\_\_\_\_\_ (name of parent or guardian) 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), born on \_\_\_\_\_ (date of birth).
- 2. I understand that the Georgia Department of Public Health requires children to obtain vaccinations against the following diseases 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 disease (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:
  - a. that the required vaccinations are necessary to prevent the spread of dangerous diseases among the children and people of this State;
  - b. that the required vaccinations are safe;
  - c. that a child who does not receive the required vaccinations is at risk of contracting those diseases; and
  - d. that a child who does not receive the required vaccinations is at risk of spreading these 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, as provided in Georgia Code Section 31-12-3 and DPH Rule 511-9-1-.03(2)(d).

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

\_\_\_\_\_  
Parent or Legal Guardian

Sworn and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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