

AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

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

1. I am the ^{mother} parent or legal guardian of _____ ^{son} (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. I agree to remove my child from the school premises in the event of an epidemic.~~

This ___ day of _____, 20___.

Parent or Legal Guardian Mother
(Printed)

Parent or Legal Guardian (Signature)
Mother (autograph)

Name of Child/Student (Printed) Son

Sworn and subscribed before me this ___ day
of _____, 20___.

Notary Public

My commission expires _____