



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) born _____ (date of birth).
2. I understand that the Georgia Department of Public Health requires children to obtain the following vaccinations before being admitted to a child care 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 child care 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 child care 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

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

Notary Public

My commission expires _____.