## **AFFIDAVIT**

## Refusal of Immunization of Student for Religious Reasons

This Affidavit is being submitted on behalf of:

	/	/	
Name of Student	Birthdate of Stu	udent (mm/dd/yyy)	Religious Denomination of Student
If the student is of the age	of majority:		
I,(Name of Affiant/Student)	$_{ extsf{-}}$ , of lawful age and l	being first duly sworn,	depose and state as follows:
The vaccine(s) checked belo denomination of which I am a personally and sincerely follo	w conflict with the te an adherent or mem	enets and practice of a ber or the vaccine(s) i	a recognized religious
If the student is a minor:			
I,(Name of Affiant)	_, as legally authoriz	ed representative of:	
, (Name of Student)	of lawful age and be	eing first duly sworn, d	epose and state as follows:
	udent is an adheren	t or member or the va	ractice of a recognized religiou ccine(s) indicated conflicts with
Diphtheria, tetanus, a	and pertussis (DTap	, DTP, DT or Td vacci	ne)
Polio			
Measles, mumps and	d rubella (MMR or M	MRV)	
Hepatitis B			
Chicken Pox (MMRV	or Varicella)		
Tdap (7 <sup>th</sup> grade)			
		Signature of Affiant)	
SUBSCRIBED AND SWORM	$f l$ to before me this $\_$	day of	20,
STATE OF NEBRASKA	) ) SS.		
County of:	,	Notary Public	
My Commission expires:	<del></del>	Notary Fublic	