

**VACCINATION EXEMPTION PURSUANT TO THE
OFFICIAL CODE OF GEORGIA ANNOTATED § 20-2-771**

4. (e) This Code section shall not apply to a child whose parent or legal guardian objects to immunization of the child on the grounds that the immunization conflicts with the religious beliefs of the parent or guardian; however, the immunization may be required in cases when such disease is in epidemic stages. For a child to be exempt from immunization on religious grounds, the parent or guardian must first furnish the responsible official of the school or facility an affidavit in which the parent or guardian swears or affirms that the immunization required conflicts with the religious beliefs of the parent or guardian.

VACCINE EXEMPTION FORM

I, _____, as the parent, guardian or person in
(insert your name)
loco parentis of the child _____, hereby certify that the
(insert your child's name)
administration of any vaccine or other immunizing agents is contrary to our religious beliefs.

- | | | |
|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps | |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Anthrax | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella | |
| <input type="checkbox"/> Smallpox | <input type="checkbox"/> Haemophilus influenzae type b | |

This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs. Pursuant to Georgia statute I am providing a copy of this statement to our child's school administrator or operator of the group program pursuant to O.C.G.A. § 20-2-771 (4e).

Parent _____ Date _____

Parent _____ Date _____

Subscribed and Sworn before me this _____ day of _____, 20_____.

Notary's Signature and Seal