

Affidavit Request for Exemption from Immunizations for Reasons of Conscience

COVID-19 Update

1. The COVID-19 vaccine is NOT included on the vaccine exemption request affidavit as it is not a required vaccine at this time for people enrolled in child-care/Pre-K facilities, K-12 schools, colleges, or universities.
2. Texas DSHS staff continue to process conscientious exemption requests. Exemption requests are processed in the order they are received and it may take up to 3 weeks for requested affidavits to be mailed.

*** Required fields**

First name, last name, and birth date are required for each individual; the middle name is optional.

If exemptions are requested for only one individual, the information must be entered on the first line.

Valid birth dates are required; future birth dates are not allowed.

I wish to obtain an Exemption from Immunizations for Reasons of Conscience Affidavit Form. Please provide me with exemption affidavit forms for the individuals listed below (maximum 5 forms per individual).

Name of Parent, Legal Guardian, or Self

* First Name

* Last Name

* Address to which Affidavit Forms should be mailed (This should be your permanent U.S. mailing address.)

Apartment/Unit/Suite Number

* City

* State * Zipcode

* Phone (valid phone numbers in these formats are accepted: (234) 567-8989, (234) 567.8989, 2345678989, 234-567-8989, 234.567.8989)

Please type the information below EXACTLY as you would like it to appear on the affidavit.

	First Name	Middle Name	Last Name	Birth Date (mm/dd/yyyy)	Number of Forms
* 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>

Submit

Reset Form