

# AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

## COLUMBIA COUNTY SCHOOL SYSTEM

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Name of Child (Last Name, First Name, Middle Initial)

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Name of Parent or Guardian

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Religious Denomination of Parent or Guardian

I affirm that I am a bona fide member of the organization named above whose religious tenets require reliance on prayer or spiritual means of healing. On the grounds of conflict with my religious beliefs, I object to the immunization required relative to the Official Code of Georgia Annotated, Section 20-2-771, and claim exemption from the requirements for my child.

I understand that – during an epidemic or a threatened epidemic of any disease preventable by an immunization required by the Department of Human Resources - my child may be excluded from school until:

- He/she is immunized against the disease unless he/she presents valid evidence of prior disease.
- The epidemic or threat no longer constitutes a significant public health danger.

If your child is exposed to varicella virus (chicken pox) at school and is not immunized against varicella, he/she will be excluded from school for the full incubation period of 21 days.

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Signature of Parent or Guardian

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_,  
20\_\_\_\_.

Notary Public, Georgia  
State-At-Large