Georgia State University

AFFIDAVIT OF RELIGIOUS OBJECTION TO IMMUNIZATION

I, __________________________ (student), personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I understand that the Georgia State University requires students to obtain the following vaccinations before enrolling in classes: hepatitis B (18 years or younger at admission date); measles; meningitis (for on campus housing); mumps; pertussis (whooping cough); rubella (German measles); tetanus; and varicella (chickenpox).

2. I understand that the Georgia Department of Public Health has determined that the vaccinations listed above are safe, that they are necessary to prevent the spread of dangerous diseases among the students and people of this State; that a student who does not receive these vaccinations is at risk of contracting those diseases; and that a student who does not receive those vaccinations is at risk of spreading those diseases to other persons, both at school and in the larger community.

3. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on personal philosophy or inconvenience.

4. I understand that, notwithstanding my religious objections, I may be excluded from school during an epidemic or threatened epidemic of any disease preventable by a vaccination.

_________________________________ ______________________________________
Printed Student Name  Parent/Guardian Printed (if minor student)

_____________________________________ __________________________________________
Student Signature                              Date Parent/Guardian Signature (if minor student)   Date

Sworn and subscribed before me
this_____________day of__, 20 _______

________________________________________
Notary Public
My commission expires ______________