AFFIDAVIT

Refusal of Immunization of Student for Religious Reasons

State of Nebraska

County of __________________                 ss.

This Affidavit is being submitted on behalf of

________________________________________________________________________
(Name of Student)                              (Birthdate of Student)

If the student is of the age of majority:

I, ___________________________ , of lawful age and being first duly sworn,
(Name of Affiant/Student)
depose and state as follows:

Immunization conflicts with the tenets and practice of a recognized
religious denomination of which I am an adherent or member or
immunization conflicts with my personal and sincerely followed religious
beliefs.

If the student is a minor:

I, ___________________________ , as legally authorized representative of
(Name of Affiant)

________________________________________________________________________
(Name of Student)
depose, and state as follows:

Immunization conflicts with the religious tenets and practice of a
recognized religious denomination of which the student is an adherent or
member or immunization conflicts with the student’s personal and
sincerely followed religious beliefs.

____________________________
(Signature of Affiant)

SUBSCRIBED AND SWORN to before me this __________ day of __________________

____________________________
Notary Public

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