

**AFFIDAVIT OF EXEMPTION
FROM
STATE OF GEORGIA, IMMUNIZATION REQUIREMENTS
(per GCA 20-2771(e))**

Student's Name Birth Date Age Sex School

I here by certify by notarization that immunization for my child, _____,
is contrary to my conscientiously held, spiritual, beliefs. Therefore, I hereby claim
exemption of my child from the immunization requirements for school entry, per GCA
20-2-771(e).

I swear that all of the foregoing statement are true to the best of my knowledge.

Signature of parent or guardian

Date

Subscribed and sworn to before me this _____ day of _____, 20__.

Signature of Notary Public

NOTARY SEAL