

**AFFIDAVIT
DECLARATION OF VACCINATION EXEMPTION**

EXEMPTION FROM IMMUNIZATION. I hereby declare that I, _____, as an adult having responsibility for myself and for my children named herein _____ withhold my consent and let it be known that the said adult and child/ren are exempted from any and all vaccinations on the grounds that such is contrary to my religious beliefs.

IMMUNIZATIONS OF A PERSON SHALL NOT BE REQUIRED FOR EMPLOYMENT, ADMISSION TO A SCHOOL OR OTHER INSTITUTION. IF THE GUARDIAN, PARENT, OR ADULT WHO HAS ASSUMED RESPONSIBILITY FOR HIS OR HER CUSTODY AND CARE IN THE CASE OF A MINOR, HE/SHE MUST FILE WITH THE GOVERNMENT AUTHORITY, A LETTER OF AFFIDAVIT STATING THAT SUCH VACCINATION IS CONTRARY TO HIS/HER RELIGIOUS BELIEFS....

Any institution, school or medical authority which tries to enforce vaccination on children or anyone else is in violation of the laws of the United States, and may be subject to prosecution.

Amendment 14 of the United States Constitution:

“No state shall make or impose any law which shall abridge the privileges or immunities of the citizens of the United States, nor shall any state deprive any person of life, liberty, or property.”

Amendment 4 of the United States Constitution:

“The right of the people to be secure in their persons shall not be violated.”

INTERNATIONAL (TRAVEL) VACCINATION EXEMPTION

Exemption has been ratified and approved by all United Nations members under **WORLD HEALTH ORGANIZATION International Sanitary Regulations Articles 83, Chapter IV; “each individual has the right of vaccination exemption”.**

Signature of Adult/Guardian

Date

Subscribed and Affirmed to before me on this _____ day of _____,
_____(year)

NOTARY PUBLIC

COMMISSION EXPIRES