



Request for Exemption from Immunizations for Reasons of Conscience

To submit your request online, go to: <https://corequest.dshs.texas.gov>.

In order to expedite your request, please print neatly or type. All information except the middle name is required. Valid dates of birth are required; future dates are not accepted.

Thank You.

Date: _____

I wish to obtain an "Exemption from Immunizations for Reasons of Conscience Affidavit Form". Please provide me with exemption affidavit forms for each of the individuals listed below (*maximum 5 forms per individual*):

Name of Parent/Legal Guardian/Self: _____

Mailing address: _____

Apartment Number: _____

City/State/Zip: _____

Telephone Number: _____

Please print neatly or type the information below EXACTLY as you want it to appear on the "Exemption from Immunizations for Reasons of Conscience Affidavit Form". Thank you.

First Name	Middle Name	Last Name	Birth date (mm/dd/yyyy)	Number of forms

Please mail, fax, or hand deliver your request to:

Mailing Address:
Department of State Health Services
Immunization Unit
MC-1946
P.O. Box 149347
Austin, TX 78714-9347

Hand Deliver:
Department of State Health Services
Immunization Unit
MC-1946
1100 West 49th Street
Austin, TX 78756

Fax: (512) 776-7544

Important note: No requests will be filled at the time of hand-delivery.