



**AFFIDAVIT
ON EXEMPTION FROM VACCINATION FOR
RELIGIOUS REASONS (STUDENTS)**

I, _____, of legal age, _____, _____
(Name of father, mother, or guardian) (Marital Status) (Occupation)
and neighbor of _____, Puerto Rico, under oath, I declare the following:

1. That my name and other personal details are as stated above.
2. That I, _____ I sign this statement in my capacity as _____
(Name) (Mother, Father, or Guardian)
of the minor _____.
(Name of student or preschooler)
3. That I exempt my child or dependent from the vaccination requirements against the following illnesses to attend school, college, daycare center, or social treatment center:

DTaP MMR Hib Varicella Meningococo
 Polio Hep. B Pneumococo VPH Tdap

4. That I am aware of the stipulations of Law No. 25 of September 25, 1983, as amended, which establishes that, during an epidemic, my child or dependent may be immunized, as determined by an authorized representative of the Department of Health, since this exemption will be considered null and void.
5. That I have read the immunization requirements that apply in the jurisdiction of Puerto Rico and understand the risks of not immunizing my child or dependent.
6. I understand that this statement is being signed for the purpose of requesting an “Exemption from Vaccination for Religious Reasons” based on the following sincere religious beliefs:

7. That we have read the stipulations of Law No. 25 of September 25, 1983, and understand the penalties imposed by it for providing false information to the school registrar or the director of a daycare center or social treatment center.
8. That everything stated above is true and is to the best of our knowledge.

In _____, Puerto Rico, today, _____ of _____ of _____.

(Signature of Father, Mother, or Guardian)

AFFIDAVIT: _____

Juried and signed before me by _____ parent or guardian
of the minor _____, of the circumstances before
mentioned, whom I attest to know personally or to have identified through _____
_____.

In _____, Puerto Rico, today _____ of _____ of _____.

NOTARY PUBLIC