



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 |
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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.