

## AFFIDAVIT OF RELIGIOUS OBJECTION TO REQUIRED HEALTH SCREENING (FORM 3300)

\_\_\_\_\_ (name of parent or legal guardian) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I am the parent or legal guardian of \_\_\_\_\_ (name of minor child), born on \_\_\_\_\_ (date of birth).
2. I understand that the Georgia Department of Public Health requires the parent/guardian of a child being admitted for the first time to a public school to furnish to the school authorities a properly executed Department of Public Health Form 3300: Certificate of Vision, Hearing, Dental and Nutrition Screening.
3. I understand that the Georgia Department of Public Health has determined that these screenings are necessary to make sure that every child in Georgia is screened for possible problems with their vision, hearing, teeth and nutrition. The earlier these problems are detected, the earlier parents can seek professional help for the child.
4. I sincerely affirm that these screenings are contrary to my religious beliefs, and that my objections to these screenings are not based solely on grounds of personal philosophy or inconvenience.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent or Legal Guardian (Printed)

\_\_\_\_\_  
Parent or Legal Guardian (Signature)

\_\_\_\_\_  
Name of Child/Student (Printed)

Sworn and subscribed before me this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_.