

Affidavit of Religious Exemption for Spinal Screening

I, _____, understand that Texas law requires
(Parent or Guardian)
all public and private schools to screen students for abnormal spinal curvatures in
accordance with the following schedule:

- Girls will be screened two times, once at age 10 (or fall semester of 5th grade) and again at age 12 (or fall semester of 7th grade)
- Boys will be screened one time at age 13 or 14 (or fall semester of 8th grade)

I ask that _____ not be screened because it is against
(Name of Student)
our religious beliefs.

(Signature of Parent of Guardian)

(Date)

State of Texas
County of _____

Before me, the undersigned authority, on this day personally appeared _____,
and being by me first duly sworn, did state under oath the following:

My name is _____. I am eighteen years of age or older, fully competent
and authorized to make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this ____ day of _____, 20__.

(Affix Seal)

NOTARY PUBLIC, STATE OF TEXAS