

CCWRO Immunization Requirement Exemption form 3-2012

AFFIDAVIT OF _____

1. This is an affidavit by the undersigned that immunizing my child

_____ is contrary to my person beliefs because I believe that immunizations can cause health problems to my child.

I declare under penalty of perjury that the above statement is true and correct. Executed on _____, in the City of _____, State of California.

2. Name of CalWORKs Parent

3. Your Address _____

4. Welfare Case Number: _____

<p>STATE REGULATION FOR IMMUNZATION REQUIREMENT EXEMPTIONS</p> <p>“ MPP §40-105.5(f) Exemptions</p> <p>The immunization requirement does not apply if the parent(s)/caretaker relative submits:</p> <p>(1) An affidavit stating that the immunization requirement is contrary to his/her personal/religious beliefs and the reasons for his/her objection.</p> <p>(2) A written statement from a physician or health professional working under the supervision of the physician, stating that the child should not be immunized, which includes the prohibitive medical condition and the duration.”</p>
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This form shall be competed by any CalWORKs recipient who objects to the CalWORKs immunization requirement for any reason. Persons whose cash aid is reduced for failure to give the county verification of CalWORKs immunization or are being asked to provide immunization verification can turn this affidavit in and get a receipt that the welfare department got this form. If the welfare department does not stop taking your money from you contact CCWRO at 916-736-0616 for help to get your money back.