

**McKinney Independent School District  
School Health Services**

**Screening Affidavit – Religious Conflict**

I am an adherent or member of a recognized church or religious denomination whose tenets and practices conflict with the health screening requirements mandated by Texas State Law.

I, therefore, request that my child \_\_\_\_\_ be exempt from these requirements. I understand this form must be presented to the campus nurse on or before the date of screening.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / State / Zip Code

SUBSCRIBED TO AND SWORN TO before me this \_\_\_\_\_ day of 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_  
Date