

**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

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