

**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
