

STATEMENT OF IMMUNIZATION HISTORY; WAIVER; RULES - INDIANA CODE 20-34-4-5

- (a) Each school shall require the parents of a student who has enrolled in the school to furnish, not later than the first day of school, a written statement of the student's immunization, accompanied by the physician's certificates or other documentation, unless a written statement of this nature is on file with the school.
- (b) The statement must show, except for a student to whom IC 20-34-3-2 or IC 20-34-3-3 applies, that the student has been immunized as required under section 2 of this chapter. The statement must include the student's date of birth and the date of each immunization.

VACCINATION EXEMPTION PURSUANT TO INDIANA CODE 20-34-3-2

- (a) Except as otherwise provided, a student may not be required to undergo any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 unless the objection is:
 - (i) Made in writing;
 - (ii) Signed by the child's parent; and
 - (iii) Delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection.

VACCINATION EXEMPTION FORM

I, _____, as the parent, guardian, or person *in loco parentis* of the child, _____, hereby certify that the administration of any vaccine or other immunizing agents is contrary to our personal religious beliefs.

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Haemophilus influenzae Type B |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Smallpox | <input type="checkbox"/> Anthrax |
| | <input type="checkbox"/> Other |

This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs. Pursuant to Indiana statute, I am providing a copy of this statement to our child's school administrator or operator of the group program pursuant to IC 20-34-3-2

Parent Name

Date