

**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

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**VACCINATION EXEMPTION FORM**

I, \_\_\_\_\_, as the parent/guardian of the child, \_\_\_\_\_, hereby certify that the administration of any vaccine or other immunizing agents is contrary to our personal religious beliefs.

- DTdap
- Polio
- Hepatitis B
- MMR
- Varicella
- Haemophilus Influenzae Type B (HIB)
- Hep A
- Tdap
- Meningococcal

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' school administrator or operator of the group program pursuant to IC 20-34-3-2

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date