

## IMMUNIZATION EXEMPTIONS

The Indiana State Department of Health will allow objections to immunizations to be based on the following:

**Medical-** A physician's certification that a particular immunization is, or may be detrimental to the child's health is required. This must be in writing from the physician (M.D., D.O. or Nurse Practitioners), signed by the parents and renewed on a yearly basis.

**Religious-** A written statement that the objection to immunizations is based on religious grounds is required. This must be signed by the parents and renewed on a yearly basis.

In the State of Indiana, there is no exemption allowed for philosophical objections.

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### OBJECTION TO IMMUNIZATIONS

I object to my child \_\_\_\_\_ being immunized or tested against the following diseases (please check all that apply):

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|---------------------------------------------|-----------------------------------------------|
| 1. DTP (Diphtheria-Tetanus-Pertussis) _____ | 8. Varicella _____                            |
| 2. Polio _____                              | 9. Tdap(Tetanus, diphtheria, pertussis) _____ |
| 3. Measles (Rubeola) _____                  | 10. Meningitis _____                          |
| 4. Mumps _____                              | 11. HPV _____                                 |
| 5. Rubella (German Measles) _____           |                                               |
| 6. Hepatitis B _____                        |                                               |
| 7. Hepatitis A _____                        |                                               |

Parent/guardian name (print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

My objection is based on the following reason:

Medical \_\_\_\_\_ (A written statement from a physician is required.)

Religious \_\_\_\_\_