

Hanover Community School Corporation

Immunization Objection Form

As parent or guardian of a student enrolled/enrolling in the HCSC, I have been given full knowledge that the law of the State of Indiana requires the student be immunized against specific diseases included, but not limited to as Stated in I.C. 20-8.1-7-9.5. The State Board of Health may determine required immunization under the State Department of Health rules, objects to the immunization of:

Please check all that apply:

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Polio
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Haemophilus influenzae type b
<input type="checkbox"/> Varicella	<input type="checkbox"/> Other, please list: _____

As parent or guardian of the student below represents that requesting this waiver, the undersigned is not relying upon a representation made by any representative of the HCSC regarding the medical care, treatment, and examination of this student.

The undersigned objects to the required testing, examination, immunization, or treatment, based upon the undersigned sincerely held religious or medical beliefs, and are relying upon the undersigned knowledge of appropriate medical care, treatment, and testing of immunization of this student in light of those sincerely held to religious or medical beliefs.

In the event of an outbreak of a vaccine preventable disease, your child may be excluded from school to protect their health and the health of all students and staff. The length of time your child would be kept out of school depends on the disease.

If your child is excluded from school, your child will also be excluded from school sponsored activities, such as sporting events, dances, and graduation that occur within the exclusion period. The school will notify you when your child can return to school.

Incompletely vaccinated children can be excluded from school due to cases of measles, chickenpox, pertussis, mumps, or any other vaccine preventable disease (at the discretion of the local health officer).

THIS FORM MUST BE RENEWED ON A YEARLY BASIS.

My objection is based on the following reason (check one):

_____ **Medical** (written and signed statement from physician must be attached)

_____ **Religious**

Student's Name: _____

Parent/Guardian Signature: _____ **Date:** _____