



RELIGIOUS OBJECTION TO IMMUNIZATION

NAME _____ **SCHOOL** _____ **GRADE** _____

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

(a) Each school shall require the parent 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.

Pursuant to Indiana Code 20-17.2-6-11 Except as otherwise provided, a school child may not be required to undergo any testing, examination, immunization, or treatment required under this chapter 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 unless the objection is:

- (1) made in writing.
- (2) signed by the child's parent; and
- (3) delivered to the school nurse, principal, or principals’ designee or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection.

I, _____, as the parent/guardian of, _____, hereby certify that the administration of any vaccines specified below, or other immunizing agents is contrary to our personal religious beliefs.

- | | | |
|------------------|-----------------|-------------------|
| _____ All | _____ Measles | _____ Hepatitis A |
| _____ Diphtheria | _____ Mumps | _____ Hepatitis B |
| _____ Tetanus | _____ Rubella | _____ Polio |
| _____ Pertussis | _____ Varicella | _____ Other |
| _____ MCV4 | | |

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 § 20-8.1-7-2 Sec. 2.

Parent/Guardian Signature

Parent/Guardian Name (Please Print)

Date