

**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.

**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:
- (1) made in writing;
  - (2) signed by the child's parent; and
  - (3) 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.

**VACCINE EXEMPTION FORM**

I, \_\_\_\_\_, as the parent, guardian or person in  
(insert your name)  
loco parentis of the child \_\_\_\_\_, hereby certify that the  
(insert your child's name)  
administration of any vaccine or other immunizing agents is contrary to our  
personal religious beliefs.

<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Varicella
<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	Hepatitis B
<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	Hepatitis A
<input type="checkbox"/>	Polio	<input type="checkbox"/>	Meningococcal (MCV4)
<input type="checkbox"/>	Measles	<input type="checkbox"/>	Haemophilus Influenzae Type B
<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Rubella	<input type="checkbox"/>	

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/Guardian \_\_\_\_\_ Date \_\_\_\_\_