

RELIGIOUS EXEMPTION FROM IMMUNIZATION FORM

Student Name: _____ School Year: _____

Date of Birth: _____ Teacher/Team/Grade _____

In accordance with Indiana Code IC § 20-34-3-2, based on religious grounds, I am requesting to excuse my child from the following immunizations: (please check next to each immunization you wish to exempt your child from)

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

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-Sec. 2. This form will be valid for this school year. I understand that this form must be submitted every school year.

I acknowledge that in the event of an outbreak of a vaccine preventable disease for which my child is not fully vaccinated, my child may be excluded from school to protect his/her health and the health of all our students and staff. *It is important to understand that with some diseases such as measles, one infected child is an outbreak. The length of time your child will be kept out of school depends on the disease. Your child's exclusion may be as long as 3-4 weeks. Please refer to the Communicable Reference Guide for schools at <https://www.in.gov/isdh/23291.htm>*

Parent/Guardian Signature_____
Date