

**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.

Diphtheria

Measles

Other

Tetanus

Mumps

Pertussis

Rubella

Polio

Haemophilus influenzae type b

Hepatitis B

Varicella

Hepatitis A

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 _____ Date _____