

STATEMENT OF IMMUNIZATION HISTORY: WAIVER:  
RULES - INDIANA CODE 820-34-4-5

- (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.

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VACCINE EXEMPTION FORM

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

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles	<input type="checkbox"/> Other
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Polio	<input type="checkbox"/> Hemophilus influenzae type B	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Varicella	
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Meningococcal	

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 \_\_\_\_\_

Please submit by: Fax to 812-247-9913, or email to [nikki.brett@shoals.k12.in.us](mailto:nikki.brett@shoals.k12.in.us)

**Please note the State of Indiana requires this Religious Objection to be submitted to the school each school year.**

# Shoals Community School Corporation

Dear Parent/Guardian:

Our records indicate your child has a medical or a religious exemption to vaccination and is not fully immunized. Although your child remains at risk for contracting a vaccine-preventable disease, as you have submitted the appropriate paperwork, Indiana Code 20-34-4 permits your child to attend school.

However, in the event of an outbreak of a vaccine preventable disease for which your child is not fully vaccinated, your child may be excluded from school to protect his/her health and the health of all students and staff. This includes measles, chickenpox, pertussis (whooping cough), mumps, or any other vaccine preventable disease at the discretion of the **Martin County Health Department**.

If your child is excluded from school, your child will also be excluded from after-school activities, such as sporting events, dances, and graduation that occur within the exclusion period. The nurse at **Shoals Community Schools** will notify you when your child can return to school. This exclusion also includes day care. If a child is excluded at school, they are also excluded at Day Care.

The length of time will vary based on the disease but your child could be excluded for **multiple** weeks.

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I understand that my child may be excluded from school in the event of an outbreak of vaccine preventable disease.

I understand that school exclusion includes after-school activities, such as sporting events, dances, and graduation.

I understand that my child may be required to stay home for multiple weeks during an outbreak of a vaccine-preventable disease for which he/she is not fully vaccinated.

Parent/Guardian's Name \_\_\_\_\_

Signature \_\_\_\_\_

Child's Name \_\_\_\_\_