



RELIGIOUS OBJECTION FORM

2026-27 School Year

This form is intended to be used for notifying the school regarding a religious objection to the Indiana school required immunizations. Please complete and sign this form and return it to school before the first day.

Indiana Code 20-34-3-2 religious objection states "Except as otherwise provided, a student 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 objections are:

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 treatment absent the objection."

Student's Name (Please print)

Student Birthdate

Check all vaccines that apply:

☐ Polio

☐ MMR (Measles, Mumps, Rubella)

☐ Varicella (Chicken Pox)

☐ Hepatitis B

☐ Hepatitis A

☐ Meningitis (MCV4)

☐ DTap

☐ Tdap

☐ Hep A

I, the parent or guardian of the above mentioned child, hereby objects to the immunization(s) checked above based on religious belief and convictions.

I understand that this statement must be submitted prior to the first day of school, each and every year.

I further understand that during the course of an outbreak of any of the vaccine preventable diseases that the student named may be subject to exclusion from school for the duration of the outbreak, for the safety of this child, classmates, and staff, according to the Hamilton County Health Department and/or Indiana Department of Health.

PARENT/GUARDIAN SIGNATURE

DATE