

**STATEMENT OF IMMUNIZATIONSH 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 IC2 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 EXEPTION 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 and or guardian of  
(insert your name)

the child \_\_\_\_\_, hereby certify that the administration of any  
(insert your child's name)

vaccine or other immunizing agents in contrary to our personal religious beliefs.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Meningitis (MCV)
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Measles	<input type="checkbox"/> Other
<input type="checkbox"/> Pertussis	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Polio	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Varicella	

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 \_\_\_\_\_