

**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.

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**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. Please circle:

- |                                      |  |                                       |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Diphtheria  | <input type="checkbox"/> Measles                       | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Tetanus     | <input type="checkbox"/> Mumps                         | <input type="checkbox"/> All vaccines |
| <input type="checkbox"/> Pertussis   | <input type="checkbox"/> Rubella                       |                                       |
| <input type="checkbox"/> Polio       | <input type="checkbox"/> Haemophilus influenzae type b |                                       |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Varicella                     |                                       |
| <input type="checkbox"/> Smallpox    | <input type="checkbox"/> Anthrax                       |                                       |

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 \_\_\_\_\_