

### Religious Objection to Immunization

School Year \_\_\_\_\_

Student Name (Print): \_\_\_\_\_ Student Grade: \_\_\_\_\_

Indiana Code 20-34-3-2

Immunization Exception for Religious Objection

“Except as otherwise provided, a student may not be required to undergo any testing, examination, immunization, or treatment required under this chapter 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 treatment absent the objection.”

\*\*\*\*\*

**Parent Statement:**

As the parent/guardian of \_\_\_\_\_, I hereby certify the administration of any vaccine or other immunizing agents is contrary to our personal/religious beliefs.

- |                |               |                   |
|----------------|---------------|-------------------|
| Diphtheria [ ] | Measles [ ]   | Hepatitis B [ ]   |
| Tetanus [ ]    | Mumps [ ]     | Meningococcal [ ] |
| Pertussis [ ]  | Rubella [ ]   | Tdap [ ]          |
| Polio [ ]      | 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 nurse/administrator of the group program pursuant to IC 20-34-3-2.

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

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

Parent Name (Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_