



PLA Vaccine Exemption Form

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.

VACCINE EXEMPTION FORM

I, _____, as the parent/guardian or person in loco parentis of the
(Insert your name)

child _____, hereby certify that the administration of any vaccine or
(insert your child's name)

other immunizing agents is contrary to our personal religious beliefs:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps |
| <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"/> Hepatitis A | <input type="checkbox"/> Other |

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/Guardian _____

Date _____