

**VACCINATION EXEMPTION PURSUANT TO**  
**INDIANA CODE § 20-34-3-2 Religious objections**

Sec. 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.

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Dtap        | <input type="checkbox"/> Tdap                          |
| <input type="checkbox"/> Polio       | <input type="checkbox"/> Meningococcal (A,C,W,Y)       |
| <input type="checkbox"/> MMR         | <input type="checkbox"/> meningococcal B               |
| <input type="checkbox"/> Varicella   | <input type="checkbox"/> Haemophilus influenzae type b |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pneumococcal                  |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> HPV                           |

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.

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

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

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Notary's Signature and Seal