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 child __________________________, hereby certify that the administration of any vaccine or other immunizing agents is contrary to our personal religious beliefs.

△ Diphtheria △ Measles △ Other
△ Tetanus △ Mumps
△ Pertussis △ Rubella
△ Polio △ Haemophilus influenzae type b
△ Hepatitis B △ 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 administrator or operator of the group program pursuant to IC § 20-34-3-2.

Parent __________________________ Date _____________________