

Parent/Guardian Objection to Immunization Requirement Medical Exemption

Indiana Code 20-34-3-3 If a physician certifies that a particular immunization required by this chapter or IC 20-34-4 is or may be detrimental to a student's health, the requirements of this chapter or IC 20-34-4 for that particular immunization is inapplicable for the student until the immunization is found no longer detrimental to the student's health.

This statement must be submitted prior to the first day of school, each and every year.

Student _____ Gender _____

School Year _____ Grade _____

Parent/Guardian Name (print) _____

The above named child is exempt from the immunization(s) with the accompanying reason(s) given:

Diphtheria _____

Pertussis _____

Tetanus _____

Measles _____

Mumps _____

Rubella _____

Hepatitis A _____

Hepatitis B _____

Meningitis _____

Varicella _____

Polio _____

As this child's physician, I feel that the above-documented immunization required by Indiana Code is contraindicated for this child because it is or may be detrimental to the child's health.

Physician Signature _____ Date _____

Physician Name (print) _____

I understand that if there is a disease outbreak, the Department of Health may require non-immunized students to be excluded from school until the period of communicability ends, for the protection of my child's health.

Parent Signature _____ Date _____