

**FAIRFIELD COMMUNITY SCHOOLS  
HEALTH SERVICES**

**OBJECTION/EXEMPTION to IMMUNIZATIONS**

The state of Indiana requires that all students who are enrolled in school must be immunized against specific disease. The parent or guardian must show proof that immunizations have been received as required, *or* they must file an objection to immunization form each school year. Religious objection or medical exemption are the only types of waivers allowed by the state of Indiana.

Indiana law, IC 20-34-3-2 and IC 20-34-3-3 provide only two exemptions from immunizations:

Religious Objection: A religious objection must be made in writing, signed by the parent or guardian, *must state that the objection is based on "religious grounds", and each objected immunization must be specified.* In order for a child to be exempted from complying with minimum immunization requirements for religious objection, the parent or guardian is required to *resubmit a written request to the school each year.*

Medical Exemption: A medical exemption is a physician's certification that a particular immunization is detrimental to the child's health. An exemption for a child's health must be a *written note (below) signed by your physician or health care provider and submitted each school year.*

Religious or medical exemptions do not relieve parents from the responsibility of reporting a record of immunizations that have already been given.

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**IMMUNIZATION OBJECTION**

School Year 2021-2022

I, as the parent/guardian of \_\_\_\_\_ **Grade** \_\_\_\_\_ a student in the Fairfield Community School Corporation, object to immunizations for the following reason (check either religious or medical, then check specific vaccines as indicated):

- **RELIGIOUS GROUNDS** for the following immunizations (*check below EACH vaccine objection*):
  - DTAP/DPT/DT/Td      • MMR      • Hepatitis B      • Hepatitis A
  - Polio      • Tdap      • Varicella      • Meningococcal (MCV4)
- **MEDICAL EXEMPTION** (Physician: check each exemption and document reason. If you need additional space, you may use the back of this form.)
  - DTAP/DPT/DT/Td      • MMR      • Hepatitis B      • Hepatitis A
  - Polio      • Tdap      • Varicella      • Meningococcal (MCV4)

**Reason for medical exemption** \_\_\_\_\_

**Physician's Signature** (*required for MEDICAL EXEMPTION*) \_\_\_\_\_ **Date** \_\_\_\_\_

Print Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**I understand that this objection does not eliminate my duty to report any immunizations that have already been administered to my child. I also understand that in the event of any outbreak or any disease for which my child has not been adequately immunized, he/she will be excluded from attending classes and all school sponsored activities, such as sporting events, dances, and graduation that occur within the exclusion period.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ 0yu89

**PLEASE RETURN SIGNED FORM TO THE SCHOOL NURSE BY THE FIRST DAY OF SCHOOL**