

MSD of New Durham Township Objection to Immunizations

Objections must be in writing, stating the objection is based on religious grounds, and must be signed by a parent or legal guardian. Objections must be resubmitted each school year.

I/We, _____, as parents/guardians

Parents'/Guardians' Names

of _____, hereby certify that the administration of

Student Name

vaccine or other immunizing agent is contrary to our religious beliefs. This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs, pursuant to Indiana statute IC20-8.1-7-2 Sec2.

Check all vaccines that conflict with your religious beliefs:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="radio"/> Dtap/Tdap/DT/TD | <input type="radio"/> Hepatitis A |
| <input type="radio"/> Polio | <input type="radio"/> Hepatitis B |
| <input type="radio"/> MMR | <input type="radio"/> Varicella |
| <input type="radio"/> MCV4 | |

I acknowledge that if one of the above illnesses is present in the school system and the Indiana State Health Department, in conjunction with the LaPorte County Health Department, declares an outbreak of that disease, my child will be required to stay at home and will not be able to participate in any school activities, such as sporting events, dances, and graduation until such time as the Health Department deems the outbreak is over and unimmunized children may safely return to school, or until my child receives the appropriate vaccines.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____