

OBJECTION TO IMMUNIZATION

I object to immunization for my child _____,
who attends _____ School for the following
reasons: _____

I understand that this objection does not eliminate my duty to report
any immunizations already given. I also understand that in the event
of an outbreak of disease, my child will be **excluded from school**.

The state of Indiana requires that all students in grades Pre-Kindergarten through 12th
grade have the required vaccines, per grade level, for school entry. If you do object to
immunization for religious or medical reasons (these are the only two reasons that the State of
Indiana recognizes), then please know that if there should be an outbreak in your child's school,
your child must be excluded from school and all extracurricular activities for 21 days after the
last known exposure. This rule is directed by the Indiana State Department of Health and the
Centers for Disease Control. The Diocese is bound by law to comply with the State standards
since the Diocese of Fort Wayne – South Bend is an accredited school system.

In the case of a medical exemption, the signature of a physician is
required. This is as set forth in Indiana Code 20-8.1-7-2.5.

Date: _____

Parent signature: _____

Physician signature: _____