



## Immunization Medical Exemption Letter

School Year \_\_\_\_\_

Student Name (Print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student Grade \_\_\_\_\_

School Attending \_\_\_\_\_

*A medical exemption is a physician's certification that a particular immunization is **detrimental** to the child's health. It must state in writing that the child has a medical contraindication to receiving a vaccine and must be resubmitted to the school each year. As true medical contraindications to immunization are vaccine-specific, medical exemptions must be written for each vaccine that is contraindicated.*

**Physician's statement:**

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in accordance with Indiana Code 20-34-3-3.

**Physician's Signature:** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Indiana Code 20-34-3-3  
Child's Health Exemption to Immunization

"Exception for Child's Health. If any physician certifies that a particular immunization required by this chapter is or may be detrimental to the student's health, the requirements of this chapter for that particular immunization is inapplicable for that child until it is found no longer detrimental to the child's health."

A written document, signed by the physician, must state that a particular immunization is contraindicated for a child because it is detrimental to the child's health. This Indiana State Department of Health policy requires that a written statement be verified by the school personnel each year until it is found that the particular immunization is no longer detrimental to the child's health.