



School City of Hammond  
Department of Health Services

41 Williams Street, Hammond, IN 46320 – Phone (219) 933-2400 – Fax (219) 989-3957

**Written Request For Exemption From Health Requirements  
For Religious Reasons**

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

**School:** \_\_\_\_\_

Dear Parent/Guardian:

According to our records, your child’s \_\_\_\_\_ health record is incomplete for the following requirements:

Current Indiana Standards for Immunization have not been met.

School Nurse will provide copy of current State requirements. \_\_\_\_\_

Students whose parents/guardians have religious objections to immunization, testing, examination, and/or treatment must submit a signed note that states that the objection to any of the above is due to religious reasons. This note must be submitted annually for each child enrolled in school, this is in accordance with Indiana Code 20-8.1-7-2.

**Please note:** If any of the above diseases is reported in our school, all students without documentation of immunity will be removed from attending school for a period of no less than two weeks after the outbreak. Each subsequent outbreak will require another period of no less than two weeks removal. Documentation of immunity is either a verifiable record of vaccination or a physician diagnosis of disease (in some cases this must be verified by blood tests).

If you would like to submit an objection to the above requirements for religious reasons please complete the form below and return it to the Health Services Office as soon as possible.

Thank you,

School Nurse

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**WRITTEN REQUEST FOR EXEMPTION FROM HEALTH REQUIREMENTS FOR RELIGIOUS REASONS**

My child \_\_\_\_\_ has not met the following health requirements:

\_\_\_\_\_  
\_\_\_\_\_

because of religious reasons. I understand that if any of the above diseases are reported in the school, my child will be removed from attendance for a period of no less than two weeks.

**Signature of Parent/Guardian:** \_\_\_\_\_

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