

Date:

To Whom it May Concern,

I, _____, am writing to inform you of the influenza/pneumococcal vaccination exemption for, _____, in accordance with IC 16-28-14.

For documentation purposes the following apply to my exemption:

- I have attached written documentation from a physician or health care provider with previous immunization records.
- The immunization(s) is/are medically contraindicated as described in the product labeling approved by the United States Food and Drug Administration. See attached documentation.
- Receiving the immunization(s) is/are against deeply held religious beliefs.
- I refuse to permit the immunization(s) as provided by State or Federal Law.

Sincerely,

For Reference:

IC 16-28-14-6 Exceptions to required immunization

Sec. 6. Notwithstanding any other provision of this chapter, a health facility shall not require an individual to receive an immunization under this chapter if:

- (1) the health facility:
 - (A) has written documentation from the individual's physician or other health care provider indicating the date and place that the individual received an immunization required under this chapter; and
 - (B) determines that no additional immunization is required;
- (2) the immunization is medically contraindicated as described in the product labeling approved by the United States Food and Drug Administration;
- (3) receiving the immunization is against the individual's religious beliefs; or
- (4) the individual refuses to permit the immunization as provided by state or federal law.

