STATE OF INDIANA
PREMARITAL EXAMINATION CERTIFICATE

THIS REPORT IS CONFIDENTIAL AND NOT OPEN TO PUBLIC INSPECTION EXCEPT AS PROVIDED BY I.C. 31-7-4

ALL FEMALES UNDER AGE OF 50 ARE REQUIRED TO SUBMIT THIS PREMARITAL FORM TO THE CLERK OF THE CIRCUIT COURT

APPLICANT

_____
Name and Address of Applicant

_____

PART 1
Laboratory Statement Standard Rubella Test

I hereby certify that a standard test for Rubella was performed on a blood specimen of the applicant.

Test performed: Rubella

_____
Name of Test Kit Used

Laboratory

_____
Name and Address of Laboratory

Date Test Completed _____
By_____
Signature of Laboratory Director or Authorized Representative

PHYSICIAN SHALL BE NOTIFIED OF RUBELLA TEST RESULTS. RESULTS ARE NOT TO BE RECORDED ON THIS FORM.

PART II
Physician's Examination Report

I hereby certify that I have examined that applicant listed above.

Check statements below, which apply to applicant.

_____ Applicant objects to Rubella test on religious backgrounds
_____ Applicant presents evidence of sterilization
_____ Applicants presents laboratory evidence of previous test declaring her Immunity to Rubella
_____ Applicant presents a written record that a Rubella vaccine was administered to her on her first birthday

By_____ _____
Signature of Physician Address of Physician

_____ _____
Date of Examination City State