

Immunization Exemption Form

Ohio Revised Code, Sections 3313.671, Part (3) and (4)

Section 3313.671, part (3): A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian objects to the immunization for good cause, including religious convictions, is not required to be immunized.

Section 3331.671, part (4) A child whose physician certifies in writing that such immunization against any disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against mumps, poliomyelitis, rubeola, rubella, diphtheria, pertussis, tetanus, varivax (chickenpox), and hepatitis B of the pupils under its jurisdiction.

I, the parent or guardian of the below named child, hereby object to the immunization(s) listed for the following reasons:

- | | | | |
|--------------------------------------|--|--------------------------------|------------------------------|
| <input type="checkbox"/> Polio | <input type="checkbox"/> Diphtheria/Tetanus/Acellular Pertussis (DTAP) | | |
| <input type="checkbox"/> Rubeola | <input type="checkbox"/> Rubella | <input type="checkbox"/> Mumps | <input type="checkbox"/> HIB |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> | Varivax (Chickenpox) | |

Child's Name _____

Religious

Good Cause: Please explain _____

Medical Reason: You must have a signed statement from your physician including the condition and attach it to this form.

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases, the student named here is subject to exclusion from school for the duration of the outbreak.

This action is necessary not only to protect this student, but the remainder of the students and faculty of the school.

Parent/Guardian's signature _____

Address _____ Date ___/___/___