



IMMUNIZATION EXEMPTION FORM

Ohio Revised Code, Sections 3313.67 and 3313.671

School Year _____

Student's Name: _____

Date of Birth: _____

3313.671 (4) A pupil who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions, is not required to be immunized.

Sec. 3313.671,(5) 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.

I understand that during the course of an outbreak of any of the vaccine-preventable diseases, that the child 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.

I, the parent or guardian of the above named child, hereby object to the immunization(s) listed for the following reasons: (Please check immunizations objected to and the reason for objection)

- | | | |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> DTap/DT/Tdap/Td (Diphtheria, Pertussis, Tetanus) | <input type="checkbox"/> Polio | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Varicella (Chicken Pox) | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Prevnar |
| <input type="checkbox"/> Hib (Haemophilus influenzae type b) | | |

Reason for objection:

Medical Reasons: **MUST HAVE PHYSICIAN COMPLETE AND SIGN BOTTOM OF FORM.**

Religious Exemption: _____

Good Cause: _____

Parent Name: _____ Parent Signature: _____

Address: _____ Telephone Number: _____

City/State/Zip: _____

FOR MEDICAL EXEMPTIONS:

Physician's Name: _____ Date: _____

Physician's Signature: _____

Reason for medical exemption: _____

This document must be completed ANNUALLY