State of Ohio Legal Immunization Exemption
Per Ohio Statute 3313.671 (Exemptions)
Religious, Good Cause, and Medical Exemption Form
Amended Substitute Senate Bill No. 282. Ohio Revised Code.
Sections 3313.671. Pat (3) and (4)

Section 3313.671, part (3): A pupil who presents a written statement of his 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 3313.671 part (4): A child whose physician certifies in writing that such immunization against my 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 poliomyelitis, rubella, rubella, diphtheria, pertussis, and tentanus of the pupils under its jurisdiction.

I understand that the immunization law permits me to sign a waiver on my child taking the immunization.

<u>I further understand that during the course of an outbreak of any of the vaccine preventable diseases mentioned below that 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.</u>

I hereby object and request the school to waive the immunization of my child against the following:

___TDaP (Diphtheria, Pertussis, Tetanus) ___Polio ___Meningitis
___MMR (Measles, Mumps, Rubella) ___Hepatitis A___Hepatitis B
___Hib (Haemophilus influenza type b) ___Influenza ___Varicella (Chicken Pox)

___Medical Reason: Must attach a signed statement from child's physician stating the related medical condition.

___Religious Reason: Name of denomination_____
___Good Cause: Please explain _____
_____
_____

_____ _____
(Child's Name) (Date)

_____ _____
(Parent/Guardian Signature) (Phone)

_____
(Address) (Apt. #) (City)