

## Immunization Exemption Form

Ohio Revised Code 3313.671

Section 3313.671, division (B) (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.

Section 3313.671, division (B) (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.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_

**I, the parent or guardian of the above named child, hereby object to the immunization(s) listed for the following reasons(s): (please check the required immunization and reason for exemption)**

diphtheria, pertussis, tetanus \_\_\_\_\_  
polio \_\_\_\_\_  
measles, mumps, rubella \_\_\_\_\_  
hepatitis B \_\_\_\_\_  
varicella \_\_\_\_\_  
meningitis \_\_\_\_\_

I further understand that during the course of an outbreak of any of the above listed vaccine preventable diseases, the student named here is subject to exclusion from school for the duration of the outbreak. This action is necessary for the protection of named student as well as the protection of other students and staff of the school.

Parent/Guardian Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**I, the physician of the above named child, have determined the following immunization(s) to be medically contraindicated: (please check the required immunization and reason for exemption)**

diphtheria, pertussis, tetanus \_\_\_\_\_  
polio \_\_\_\_\_  
measles, mumps, rubella \_\_\_\_\_  
hepatitis B \_\_\_\_\_  
varicella \_\_\_\_\_  
meningitis \_\_\_\_\_

Physician Signature \_\_\_\_\_ Today's Date \_\_\_\_\_