

Northwest Local Schools



REQUEST FOR EXEMPTION FROM IMMUNIZATION

Student Name: _____ Date: _____

Address: _____ School: _____

_____ Grade: _____

Under the provisions of the Ohio Revised Code, parents may request exemption from immunization requirements under the following rules:

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 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 poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under its jurisdiction.

I, the parent or guardian of the above named child, hereby object to the immunizations checked below:

- Polio
- MMR (Measles, Mumps and Rubella)
- Varicella (Chicken Pox)
- Diphtheria/Tetanus/Pertussis (DTP or DtaP)
- Hepatitis B Vaccine

I object to them for the following reason:

- Religious
- Other Good Cause (Please Explain) _____

- Medical Reason: You must provide a signed statement from your physician stating the condition which necessitates exemption from immunization 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 North Canton City Schools.

Parent/Guardian Signature: _____

Parent Address: _____

Telephone: _____ (Home) _____ (Work) _____ (Cell)