

ELIDA LOCAL SCHOOLS

LEGAL IMMUNIZATION EXEMPTION (Per Ohio Statute 3313.671 (Exemptions))

Student: _____ Date of Birth: _____

School: _____

City: _____

AS LEGAL PARENT(S)/GUARDIAN(S): _____

****I hereby object and request the school to waive the following immunization(s):**

DPT (Diphtheria, Tetanus, Pertussis)

Hepatitis B

MMR (Measles, Mumps, Rubella)

Varicella (Chickenpox)

Polio

Menactra (Meningococcal)

TO BE FILED AS LEGAL PROOF OF OUR OBJECTION WITH OUR CHILD'S SCHOOL HEALTH RECORD.

I understand that, if there should be an outbreak of a vaccine preventable communicable disease, Elida schools will work closely with Allen County Public Health. Please note that if an outbreak occurs you will be asked to do one of the following:

1. Keep your student(s) home from school for a set period of time (depending on the communicable period of the disease).
2. Vaccinate your student(s) and provide a record of the vaccine to the school.
3. Obtain proof of your student's immunity to the disease. A note from the student's physician will be required. Please note that labwork may need to be completed to show immunity.

Please state below the reason why your child is not being vaccinated:

SIGNATURE: _____ **DATE** _____

3/25/19