

# Bowling Green City School District

## IMMUNIZATION RELIGIOUS, GOOD CAUSE, AND MEDICAL EXEMPTION FORM

### Amended Substitute Senate Bill No. 282, Ohio Revised Code, Sections 3313.671, Part (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 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 below named child, hereby object to the immunization(s) listed for the following reasons:

	Polio		Hib		Hepatitis A
	Hepatitis B		MMR		Influenza
	Diphtheria/Tetanus/Pertussis		Varicella		Pneumococcal Disease
	Rotavirus		Meningococcal		Tdap
Child's Name:					
	Religious:				
	Good Cause:				
	Medical Reason:	<i>(Must be accompanied by a statement from the child's physician)</i>			

I further understand that during the course of an outbreak of any of the aforementioned vaccine preventable diseases 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 the student, but the remainder of the students and faculty of the school.

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

Address: \_\_\_\_\_

City: _____	State: _____
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Zip Code: _____	Phone #: _____
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